## 2015 Membership Form

# Checks payable to: OHSBCA

Mail to: Lori Ryan Enclose Check $25

4737 Middle Ridge Rd

Perry, OH 44081



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | |  | | | | |  |
| Last | | | | | | | | | | | | First | | | | | M.I. |
| Preferred Address: | |  | | | | | | | | | | | | | | |  |
|  | | | Street Address | | | | | | | | | | | | | | Apartment/Unit # |
|  | |  | | | | | | | | | | | | |  | |  |
|  | | | City | | | | | | | | | | | | State | | ZIP Code |
| Home Phone: | | | | | ( ) | | | | | School Phone: | | | | ( ) | | | |
| Email address: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Coaching Information | | | | | | | | | | | | | | | | | |
| Mark the appropriate response | | | | | | | | | | | | | | | | | |
| Name of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
|  | Varsity | | | | | | |  | JV / FR | |  | | College | | | | |
|  | Assistant | | | | | | |  | Jr. High | |  | | Other | | | | |
| School Classification: | | | | | | | | | | | | | | | | | |
|  | I | | | | | | |  | III | | | | | | | | |
|  | II | | | | | | |  | IV | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | |
|  | Central | | | | | | |  | Northeast | |  | | Northwest | | | | |
|  | East | | | | | | |  | Southeast | |  | | Southwest | | |  | |
|  | College | | | | | |  |  |  | |  | |  | | | | |

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|  |

**Retired: if you are a retired baseball coach and would like to remain a "lifetime member" of the OHSBCA, please complete each of the above sections as it pertains to your last coaching**

**position. Send a one-time $25 membership fee with this application so you can continue to**

**stay involved with our organization. If you are planning to attend the state clinic, please**

**complete the clinic registration form instead. There will be an additional $25 fee to attend the**

**clinic and Hall of Fame banquet.**

If you are unable to attend the clinic but wish to be a member, this form and $25 must be received no later than March 15, 2015.

You must be a member of the OHSBCA to have nominating and voting privileges for the All-Ohio Poll team and Senior All-Star Series. Membership also includes free membership to OHSBCA sponsored games.