



## 2015 Membership Form

Checks payable to: **OHSBCA**

Mail to: **Lori Ryan**  
**4737 Middle Ridge Rd**  
**Perry, OH 44081**

**Enclose Check \$25**

### Applicant Information

**Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt No:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Email: (Required)** \_\_\_\_\_

**Mailing Preference:** (Please Circle One) **Home** **School**

### Coaching Information

*Mark the appropriate response*

**School Name** \_\_\_\_\_

#### Coaching Position:

- ☐ Varsity ☐ Asst. Varsity ☐ JV/FR ☐ Jr High ☐ MS ☐ Volunteer  
☐ College ☐ Recreation ☐ AD ☐ Other: \_\_\_\_\_

#### District:

- ☐ Central ☐ East ☐ NE ☐ NW ☐ SE ☐ SW  
☐ College ☐ Youth ☐ Out of State

#### School Division:

**League:** \_\_\_\_\_

- ☐ I ☐ II ☐ III ☐ IV

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

**Receipt will be emailed**

#### OFFICE USE ONLY:

Check No: \_\_\_\_\_ Amount: \_\_\_\_\_ Invoice No: \_\_\_\_\_  
Remitter: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_