



2019 Membership Form

Checks payable to: **OHSBCA**

Mail to: **Glen Morse**
P.O. Box 275
New London, OH 44851

Cost: **\$30.00**

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**

School & Coaching Information

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Coaching Position:

- Varsity Asst. Varsity JV/FR Jr High MS Volunteer
- College Recreation/Youth AD Retired Other: _____

District:

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

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 March 15, 2018

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 & Membership Card will be emailed

OFFICE USE ONLY:		
Check No: _____	Amount: _____	Invoice No: _____
Remitter: _____	Date Rcvd: _____	