



2020 Membership Form

Make checks payable to: OHSBCA

Mail to: Glen Morse **Cost: \$30.00**
P.O. Box 275
New London, OH 44851

Registration for the clinic includes your membership.

You must be a member of the OHSBCA to have nominating and voting privileges for Poll voting, the All-Ohio team and Senior All-Star Series. Membership also includes free admittance to OHSBCA sponsored games. If you are unable to attend the clinic, but wish to be a member, complete this form. This form and \$30 must be **received** no later than March 15, 2020.

Applicant Information

Name: (Last) _____ (First) _____ (MI) _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone#- Cell: _____ School: _____ Home: _____

EACH MEMBERS MUST HAVE A UNIQUE (one of a kind) EMAIL TO REGISTER

Email: (required) _____

School & Coaching Information

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Coaching Position: (Please circle one)

Head Coach Assistant Coach JH/MS Coach Rec/Youth Coach College Coach

District: (Please circle one)

Central East NE NW SE SW College Youth Retired

School Division: (Please circle one)

I II III IV

League: _____

Receipt & Membership Card will be emailed

OFFICE USE ONLY:

Check No: _____ Amount: _____ Invoice No: _____

Remitter: _____ Date Rcvd: _____