

## 2016-2017 ARKANSAS HIGH SCHOOL COACHES ASSOCIATION MEMBERSHIP APPLICATION

ALL AHSCA PASSES ADMIT NAMED INDIVIDUAL AND GUEST TO AAA SANCTIONED EVENTS AND ALL STAR GAMES

Please print or type. Incomplete applications will be returned.

WRITE LEGIBLY

E-MAIL ADDRESS \_\_\_\_\_ AHSCA ID NUMBER \_\_\_\_\_  
MANDATORY - REQUIRED FOR VOTING & CORRESPONDENCE REQUIRED FOR RENEWAL

LAST NAME FIRST POSITION & SPORT(S) SCHOOL

HOME MAILING ADDRESS - YOU MUST NOTIFY AAA OFFICE OF ADDRESS CHANGE SPOUSE'S NAME

CITY STATE ZIP CELL OR HOME PHONE BUSINESS PHONE

- ✦ Registered Volunteer coaches are *NOT* eligible to join the AHSCA
- ✦ AHSCA Member must be Licensed Teacher-Coach under contract with an AAA member school.

NEW AHSCA MEMBERS ----- Must Complete Each Field

SOCIAL SECURITY NUMBER SCHOOL ADMINISTRATOR'S SIGNATURE

\_\_\_ \$35.00 Licensed Teacher-Coach *without ADE coaching endorsement* currently under contract with AAA member school. (Voting)

- The School's Required **Teacher-Coach Verification** form **MUST** accompany this application.

\_\_\_ \$35.00 Licensed Teacher-Coach *with ADE coaching endorsement* currently under contract with AAA member school. (Voting)

\_\_\_ \$35.00 Retired - Former coach with 15 or more years AHSCA membership. (Non-Voting)

\_\_\_ \$35.00 Associate - In-state college coach. (Non-voting)

\_\_\_ \$13.00 ACTIVE COACH with Lifetime Pass (Voting) Mandatory NFHS insurance for active coaches. Must have 25 or more years AHSCA and/or AHSAAA membership.

\_\_\_ \$10.00 Retired Lifetime Coach **VOTING on Hall of Fame Ballot ONLY**. Must register each year. Must have 25 or more years AHSCA and/or AHSAAA membership.

\_\_\_ NO FEE - Retired Lifetime Coach (Non-voting) With 25 or more years AHSCA and/or AHSAAA membership. **LIFETIME COACHES MUST REGISTER EACH YEAR TO REMAIN ON MAILING LIST**

AHSCA Member  
Clinic Attendance  
CONWAY - June 21-24

\_\_\_ I will attend the  
AHSCA Clinic.  
No Fee for AHSCA members.

**Register by May 31, to assure AHSCA 2016-17 card/pass will be available for pick-up at clinic.**

**PAYMENT OPTIONS** PAYMENT MUST ACCOMPANY APPLICATION

WRITE LEGIBLY

- CASH
- CHECK
- CREDIT CARD
- MONEY ORDER

(PURCHASE ORDERS  
ARE NOT ACCEPTED)

### CREDIT CARD PAYMENT INFORMATION

\_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER \_\_\_ AMERICAN EXPRESS

CARDHOLDER NAME \_\_\_\_\_ EXP. DATE \_\_\_\_ / \_\_\_\_

CARD NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_