



STAFF MEMBERSHIP \$60

For Head Coach and
2 assistant coaches

Additional Coaches Past
3 Members ar \$12 each

School _____

Sport _____

CALIFORNIA COACHES ASSOCIATION- STAFF MEMBERSHIP APPLICATION

New _____ Renew _____ Date _____

Head Coach Name _____
First Last

Home Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email Address _____

Assistant Coach Name _____
First Last

Home Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email Address _____

Assistant Coach Name _____
First Last

Home Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email Address _____

Payment Enclosed: Check <input type="checkbox"/> Amount \$ _____ Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date: _____ Credit Card #: _____ Signature: _____
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Make Checks Payable to : **CCA**

Mail to: **California Coaches Association**
131 Lakeshore Drive, San Mateo, CA 94402

www.CALCOACHESASSOCIATION.NET



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