



**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 \_\_\_\_\_

**STAFF MEMBERSHIP \$60**

For Head Coach and  
2 assistant coaches

Additional Coaches Past  
3 Members are \$12 each

School \_\_\_\_\_

Sport \_\_\_\_\_

Make Checks Payable to : **CCA**

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

[www.CALCOACHESASSOCIATION.NET](http://www.CALCOACHESASSOCIATION.NET)

**Payment Enclosed:** Check  Amount \$ \_\_\_\_\_

Charge to:  Visa  MasterCard Expiration Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Signature: \_\_\_\_\_

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