VIRGINIA HIGH SCHOOL COACHES ASSOCIATION
2017-2018
MEMBERSHIP APPLICATION

38 Wine Street • Hampton, VA 23669
Phone (757) 723-3330 • Fax (757) 325-9700 • Email vhsca.keanel@gmail.com

ALL FIELDS BELOW ARE MANDATORY ! PLEASE COMPLETE ENTIRE FORM TO RECEIVE YOUR CARD IN A TIMELY MANNER !

NAME _____ _____ _____
LAST FIRST MI

HOME ADDRESS _____

HOME ADDRESS _____ _____ - _____
CITY OR TOWN ZIP CODE

EMAIL ADDRESS _____
MANDATORY

PHONE NUMBER _____ - _____ - _____
AREA CODE NUMBER

DATE OF BIRTH _____
EX 0 5 1 3 7 9
(May 13, 1979)

NUMBER OF YEARS COACHING HIGH SCHOOL _____

HIGH SCHOOL WHERE YOU COACH _____
IF YOU COACH FOR A MIDDLE OR JUNIOR HIGH SCHOOL, PLEASE LIST THE HIGH SCHOOL THAT YOUR SCHOOL FEEDS INTO

There shall be three classes of membership: Active, Allied, and Life.

A. Active membership is open to any individual actively:
   1. Coaching a recognized athletic team at any accredited Virginia public or private high school.
   2. Coaching the athletic activity of cheerleaders.
   3. Employed as a certified athletic trainer at any accredited public or private high school.

   Each active member is entitled to one vote. **Middle school and junior high school coaches are eligible for membership in the VHSCA if they actively coach or assist with coaching a team that is in a feeder school for their high school. Such membership will have to be applied for and signed by the senior high school athletic director or principal.**

B. Allied membership is open to any college coach or other individual not meeting the criteria for active membership, but interested in supporting the VHSCA.
   1. Allied members do receive insurance protection and publications.
   2. Allied members may not be able to receive free entry in to sporting events and are not entitled to vote or be a board member.

C. Life membership is open at regular cost to a coach who leaves the coaching profession with a minimum of 20 years of coaching service and was a member in good standing of the VHSCA, at least one year prior to leaving the profession. Life members shall have all the privileges of active membership. ***First time life members must complete the Coaching Verification for Life Membership Form.**

Membership in the Association shall be for one year (Aug 1– July 31). Membership appeals may be made to the VHSCA Executive Committee. In special situations, the VHSCA Executive Committee may grant, deny or revoke membership.

COACHING RESPONSIBILITY		PAYMENT INFORMATION
PRIMARY (Mandatory)		**MEMBERSHIP FEE:** $40.00 (June 15 – Nov 1) $50.00 (after Nov 1)
2ND SPORT		**Make checks payable to:** VHSCA ☐ VISA ☐ MasterCard
3RD SPORT		Card number _____
		Name on Card _____
		Billing Address _____
		☐ same as above _____
Choose one: ☐ Active ☐ Allied ☐ Life		CVV Code _____ Exp. Date _____
		Signature X _____

***Coach's Signature** X _____

THE PRINCIPAL AND ATHLETIC DIRECTOR

I certify the above applicant is employed by the _____ for the 2017-2018 school year and is actively coaching the above sport(s)
Local School Board
and is eligible for membership. **ACTIVE MEMBERS *REQUIRE PRINCIPAL OR ATHLETIC DIRECTOR SIGNATURE*.**

Athletic Director _____ **Date** _____ **Principal** _____

NO APPLICATIONS WILL BE PROCESSED BEFORE JUNE 15th! CARD WILL NOT BE SENT UNLESS THIS FORM IS COMPLETED ENTIRELY!