

New Memb. #

Date Rcd

OFFICE USE ONLY  
Clinic Reg. #

Ck Amt

Ck #

Cash



### MCA MEMBERSHIP APPLICATION

2022-2023 (6/1-5/31) Dues \$40 Includes Liability Insurance for Active K-12 Coaches only

Online registration preferred (Dues still \$35 @ [www.montanacoaches.com](http://www.montanacoaches.com))

#### Active Memberships

PLEASE PRINT LEGIBLY OR TYPE:

Name \_\_\_\_\_  
FIRST & LAST NAME ONLY. PLEASE USE 1ST NAME YOU ARE NORMALLY CALLED

School \_\_\_\_\_  
WHERE YOU COACH OR ARE AD OR TRAINER

Check One  AA  A  B  C Private  College

HS JH MS Elem (circle highest level only) Example: If you coach HS & JH both, circle only HS.

Mailing Address (preferably home) \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Cell or Home Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

#### Mark all Athletic Responsibilities for (2022-2023)

	Boys Men	Girls Women	HS Head	HS Assistant	JH Elem	
Football			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To complete this portion, <b>you must be on the Athletic Department roster</b> of the school you listed.
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volleyball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wrestling			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Softball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you coach both genders and are head in one and assistant in another, please mark a clear H or A where appropriate.
Cheerleading			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S&C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Athletic Trainer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Athletic Director		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* not covered by liability insurance

MCA membership 2022-23 (6/1-5/31)

\$40

MCA Clinic Registration

\$65

Donation to Ralph Halverson Scholarship Tax deductible

If mailing make check to MCA & send to: **MCA**  
(Canadian Checks must indicate US Funds) 375 RAMBLE INN ROAD  
FORT SHAW, MT 59443

Total

#### Associate Memberships

College

Administration

Out of State

Retired

New! Retirees must have been a "dues paying" MCA member for at least 10 years.

Confirm service on form below (required for all members)

To receive longevity awards, you must apply online: Jan 1-June 15.

<https://montanacoaches.powermediallc.org/longevity-form/>

#### (Required) Coaching History - # years as coach, trainer or AD through May 2022

School (where you coached) Just one line for each school	City & State	How many years at this school?	What did you coach? (ie: HBBB, AT&F, JHFB)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

(If you coached at 2 schools at same time list both on one line.)

Total years in school athletics

(through May 2022)