

OHIO BOYS SCHOLASTIC VOLLEYBALL COACHES ASSOCIATION
MEMBERSHIP FORM
[Please Print]

Level of Membership: Active (\$50) _____ Associate (\$25) _____ Lifetime (\$140) _____
(Check one)

Name: _____

Home Phone: () _____

Cell Phone: () _____ *for emergencies

Home Address: _____

(Street Address, Box Number, City, State, Zip Code)

Email address: _____

Work Phone: () _____

School: _____

School Phone: () _____

School Address: _____

(Street Address, Box Number, City, State, Zip Code)

Where would you like your mailings sent? Home School
(Circle One)

Best time to be reached during the day? _____

At what phone number _____
Do you work at the school you coach? Yes No
(Circle One)

Please circle your coaching level/interest?

Varsity Coach	Assistant Coach	JV Coach
Freshman Coach	Junior High Coach	Official
Elementary Coach	College Coach	Other _____

Send Payment to: Jay Cauley, Treasurer OBSVCA
164 Overtrick Drive
Delaware, Ohio 43015
(NEED TO POSTMARKED BY: March 23, 2012)

-----Office use only-----

Form of payment: _____ Date received: _____