

**OHIO BOYS SCHOLASTIC VOLLEYBALL COACHES ASSOCIATION  
MEMBERSHIP FORM 2017  
[Please Print]**

Level of Membership: Active (\$50) \_\_\_\_\_ Associate (\$20) \_\_\_\_\_  
(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: Jimi Yu, Treasurer OBSVCA**

2791 Regaldo Dr  
Columbus, OH 43219

**(NEED TO POSTMARKED BY: March 23, 2017)**

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

Form of payment: \_\_\_\_\_

Date received: \_\_\_\_\_