

**OHIO BOYS SCHOLASTIC VOLLEYBALL COACHES ASSOCIATION
MEMBERSHIP FORM 2019
[Please Print]**

Level of Membership: Annual (\$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, 2019)**

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

Form of payment: _____ Date received: _____