



Official Sponsors of the Missouri H.S. Baseball Coaches Association

**PLEASE PRINT OR TYPE and ONE (1) FORM PER PERSON
(Membership runs from September 1st through August 31)**

Membership dues are due annually and must be paid for the current membership year.

Membership fee: \$50.00 annual fee per baseball coach.

Clinic fee: MHSBCA Clinic Fee in Advance \$50.00 ****After December 1st deadline or On-Site: \$60.00**

Indicate the total amount of check, money order or school PO: \$ _____
(Sorry the MHSBCA cannot accept credit cards)

MEMBER'S NAME: _____ TITLE: _____
(First name) (Last name) (Head or Asst. Coach, AD, Legion Coach)

MHSBCA HALL OF FAME MEMBER: YES or NO

SCHOOL/ORGANIZATION: _____ CIRCLE CLASS: 1 2 3 4 5

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL PHONE #: _____ HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

- TOTAL # YEARS COACHING HIGH SCHOOL BASEBALL _____
- OVERALL WON/LOSS RECORD IN HIGH SCHOOL BASEBALL AS HEAD COACH _____ (win-loss-tie)

SEND CHECK, MONEY ORDER, or SCHOOL PO AND FORM TO:
MHSBCA Membership
c/o Bill Seamon
1363 June Drive
Bland, Missouri 65014
907-398-2274
brseamon@yahoo.com

For office use only

Date Received:		E-Mailed:	
School PO#:			
Invoice #:			
Receipt #:			
Payment Method:	Cash	Check #:	Deposit: