

2021 Membership Form

**Cost: $30.00**

**Mail to: Glen Morse**

**P.O. Box 275**

**New London, OH 44851**

**Make checks payable to: OHSBCA**

# Registration for the clinic includes your membership.

You must be a member of the OHSBCA to have nominating and voting privileges for Poll voting, the All-Ohio team and Senior All-Star Series. Membership also includes free admittance to OHSBCA sponsored games. If you are unable to attend the clinic, but wish to be a member, complete this form.

This form and $30 must be **received** no later than March 15, 2021.

Name: (Last) (First) (MI)

Home Address: Apt#:

City: State: Zip:

Phone#- Cell: School: Home:

# EACH MEMBERS MUST HAVE A UNIQUE (one of a kind) EMAIL TO REGISTER

Email: (required)



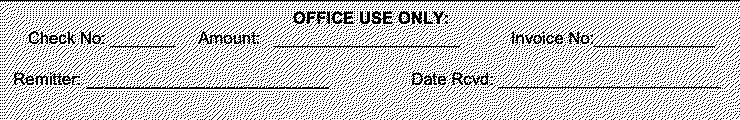
School Name: School Address: City: State: Zip: **Coaching Position**: (Please circle one)

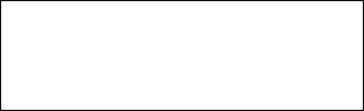
Head Coach Assistant Coach JH/MS Coach Rec/Youth Coach College Coach

**District**: (Please circle one)

Central East NE NW SE SW College Youth Retired

**School Division**: (Please circle one) **League**:

I II III IV



Receipt & Membership Card will be emailed