



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

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

Membership fee: \$60.00 annual fee per baseball coach.

Clinic fee: MHSBCA Non-Refundable Clinic Fee \$60.00 (Payment of membership dues are required to attend clinic)

Indicate the total amount of check or money order: \$_____

****Sorry the MHSBCA cannot accept school purchase orders.**

You can also pay by credit card online at : www.mhsbca.net

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 ____6

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL PHONE #: _____ HOME 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 or MONEY ORDER AND THIS FORM TO:

MHSBCA Membership
c/o Bill Seamon
1363 June Drive
Bland, Missouri 65014
907-398-2274
brseamon@yahoo.com