

2016-2017
LVCA MEMBERSHIP APPLICATION
Please Type and Print Information

Last Name: _____ First Name: _____

School: _____

Title: _____ Division: _____

MEMBERSHIP AFFILIATION (Please Check One):

- | | |
|--|---|
| <input type="checkbox"/> Head High School Coach | <input type="checkbox"/> University Coach |
| <input type="checkbox"/> Assistant High School Coach | <input type="checkbox"/> Club Coach Only |
| <input type="checkbox"/> Junior High School Coach | <input type="checkbox"/> No Longer Coach |

ALL MEMBERS, NEW OR RETURNING, MUST COMPLETE THIS INFORMATION

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (Optional): _____

Email Address: _____ Date of Birth: _____

MEMBERSHIP FEES (Please Select One):

- | | |
|---|--|
| <input type="checkbox"/> Regular Membership - \$40 | <input type="checkbox"/> President Term + One Year Exemption |
| <input type="checkbox"/> Associate Membership - \$30 (Non-Voting) | <input type="checkbox"/> Honorary Membership - By invitation only (Non-Voting) |

Please send my LVCA Correspondence to:

- HOME SCHOOL

AMOUNT INCLUDED \$

Make checks payable to **LVCA**

Complete application and check MUST be **POSTMARKED BY SEPTEMBER 17, 2016** to:

Central High School
Attn: Michele LeBouef
10200 E. Brookside Drive
Baton Rouge, LA 70818
Email: mlebouef@centralcss.org