

North Carolina Softball Coaches Association

www.ncfastpitch.org

Membership Application

Name: _____

Home Mailing Address: _____

City: _____ State _____ Zip Code: _____

Preferred Phone: _____

Preferred Email Address: _____

School Name: _____

*Please make sure to set your email SPAM filter to allow communication from us.
If your contact information changes, please let us know.*

Voting Member: \$35.00

Associate Member: \$25.00

- I am a:
- HEAD VARSITY COACH
 - HEAD JV COACH
 - HEAD MIDDLE SCHOOL COACH
 - ASSISTANT HIGH OR MIDDLE SCHOOL COACH

- TRAVEL BALL COACH
- RECREATION COACH
- NOT A COACH

VOTING MEMBERSHIP (open to school softball coaches)

By signing below, I state that I am a head or assistant softball coach associated with a high school or middle school softball program, and I am agreeing to pay membership dues of \$35.00 per year. I also pledge to work actively in the Association and take an active role in my district. I will suggest changes to improve our organization and our game, will promote safety, and will be an advocate for my players.

Prospective Voting Member Signature: _____ Date: _____

ASSOCIATE MEMBERSHIP (open to anyone not officially associated with a school softball program)

By signing below I am stating that I would like to support the Association's programs as a member with no voting rights. I am agreeing to pay membership dues of \$25.00 per year.

Prospective Associate Member Signature _____ Date: _____

Please make checks payable to NCSCA

Mail application and dues to: NCSCA Treasurer, 623 Kildee Drive, Lexington, NC 27292