



Applicant Information

Membership # _____ Renewal New

Name _____ Last 4 Digits of SSN _____

Home Address _____ Date of Birth _____

Email _____ Mobile Phone _____

School Name _____

School Address _____ School Phone _____

Check if school name has changed since previous year

About Your Work

1. Number of years active coach in SC public schools _____

2. Number of years member of SCACA _____

3. Current sport(s) serving as Head Coach _____

4. Current sport(s) serving as Assistant Coach _____

5. Athletic Director Yes No

6. School System Employment Status Part-Time Full-Time

SCACA Dues

Check the Amount Due \$50* (Before July 10, 2020) \$55 (After July 10, 2020)

NOTE: ONLY MEMBERS OF SCACA ARE PERMITTED TO ATTEND THE CLINIC.

Make checks payable to **SCACA** and mail, along with this completed form, to:

SCACA | P.O. Box 50028 | Greenwood, SC 29649

*** To qualify for the discounted rate of \$50, dues must be postmarked by JULY 10, 2020.**

Auxiliary Organization Memberships (Check all that apply.)

<input type="checkbox"/> Athletic Trainers (AT) \$5.00	<input type="checkbox"/> Cheerleading (CL) \$8.00	<input type="checkbox"/> Soccer (SO) \$10.00	<input type="checkbox"/> Track/Cross Country (TR) \$10.00
<input type="checkbox"/> Baseball (BE) \$10.00	<input type="checkbox"/> Football (FB) \$10.00	<input type="checkbox"/> Swim (SW) \$8.00	<input type="checkbox"/> Strength Coaches (SC) \$5.00
<input type="checkbox"/> Basketball (BT) \$10.00	<input type="checkbox"/> Golf (G) \$8.00	<input type="checkbox"/> Tennis (TE) \$10.00	<input type="checkbox"/> Wrestling (WR) \$5.00
<input type="checkbox"/> CAWS \$10.00	<input type="checkbox"/> Lacrosse (LA) \$7.00		

Total Amount Due (SCACA Dues + Auxiliary Organization Memberships): \$ _____



North-South Football

North-South Football Ticket(s) _____ @ \$5.00 each = _____

Member Name _____ Member # _____

Received By _____ Date _____ Amount Paid \$ _____