



### 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, 2021)  \$55 (After July 10, 2021)

**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, 2021.**

### 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) \$10.00
<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 \$ \_\_\_\_\_