

PSCA

MEMBERSHIP APPLICATION FORM

Your membership is important for All-State player representation from your league.

**Please fill out form below and hand in to your league representative before:
November 1st**

DUES: \$20.00 Check #(payable to PSCA) _____ **CASH** _____

SCHOOL YEAR/SEASON: _____

NAME: _____ E-MAIL: _____

HOME ADDRESS: _____ CITY: _____

STATE, ZIP: _____ HOME PHONE: (_____) _____

DISTRICT COMPETING IN: _____ LEAGUE: _____

COACHING SCHOOL: _____

ADDRESS: _____ CITY: _____

STATE, ZIP: _____ SCHOOL PHONE: (_____) _____

I COACH PRIMARILY (CIRCLE ONE)

FEMALE HEAD COACH

MALE HEAD COACH

FEMALE ASSISTANT COACH

MALE ASSISTANT COACH

MENS COLLEGE COACH

WOMENS COLLEGE COACH

NON-COACHING MEMBER

RETIRED, CONTRIBUTING MEMBER

SIGNATURE: _____ DATE: _____

Thank you!

For more information go to: www.pasoccercoaches.org

PSCA Member Benefits

PSCA Newsletter

Awards and Rankings

Membership Participation and Influence

PSCA Coaches Poll

Membership Discounts and Free Service

10% discount through Angelo's Soccer Corner and Enck's Trophy