

# PSCA

## MEMBERSHIP APPLICATION FORM

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

**Please return form with dues to your League Representative before:  
November 1st**

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

SCHOOL YEAR/SEASON: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DISTRICT COMPETING IN: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

COACHING SCHOOL: \_\_\_\_\_

I COACH PRIMARILY (circle one)

FEMALE HEAD COACH

MALE HEAD COACH

HEAD COACH BOTH

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you!**

For more Information go to: [www.pasoccercoaches.org](http://www.pasoccercoaches.org)