INDIVIDUAL MEMBERSHIP FORM

Send to:

Lenny Dantinne
5625 Birch Run Rd.
Millington, MI 48746

Join MHSFCA / MHSCA / NHSCA

Name: _____

School: _____

Coaching Position: _____ Total Years Coaching: _____

Home Address (Street): _____

City, St, Zip: _____

Phone (H): _____

Email: _____ Date: _____

Membership runs from January 1st to December 31st
MHSFCA Clinic Registration includes membership.
MHSCA / NOCAD insurance coverage coincides with your membership term.

AFCA

The MHSFCA encourages you to also become a member of the national football professional organization for football coaches, the *American Football Coaches Association*.

Find out more and join online at:
www.AFCA.com

Newsletter Delivery

Member Newsletters are available online only. UNLESS you tell us that you cannot access the Internet to read or print the newsletter.
If we have your email address, we will notify you when the current newsletter is available online at:
www.MHSFCA.com
Contact Steve Wilson with your email address at: mhsfca.website@gmail.com.