***Tennessee Baseball Coaches Association***

***2023-24 Membership Application***

***Please remember that membership and clinic registration are separate fees.***

***Note new membership dues***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print) Last First Middle (Head, Assistant, etc.)

**Years coaching\_\_\_\_\_\_\_\_Number of years as Head Coach\_\_\_\_\_\_\_Years at current school\_\_\_\_\_\_\_\_**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street /PO Box Street/PO Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip City State Zip

Classification: A\_\_ AA \_\_ AAA\_\_ AAAA\_\_D2A\_\_\_D2AA\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLEASE PRINT CLEARLY**

Dues: \_\_\_\_\_ $50.00 per year for 1 coach

\_\_\_\_\_ $100.00 for 2 or more coaches **Assistant Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_Check

\_\_\_\_\_Card

\_\_\_\_\_PayPal

\_\_\_\_\_Venmo

TOTAL \_\_\_\_\_\_\_\_\_

SEND TO: ***TBCA***

***% Pat Swallows***

***8ll Breeding Avenue***

***Cookeville, TN 38501***

Do you need an e-mail confirmation? YES NO