



PLEASE PRINT OR TYPE and ONE (1) FORM PER PERSON
(Membership runs from September 1st through August 31)

Membership dues are annual and must be paid for the current membership year.

Membership fee: \$60.00 annual fee per baseball coach.

Clinic fee: MHSBCA Non-Refundable Clinic Fee \$60.00 (Payment of membership dues are required to attend clinic)

Indicate the total amount of check or money order: \$ _____

****Sorry the MHSBCA cannot accept school purchase orders.**

You can also pay by credit card online at : www.mhsbca.net

MEMBER'S NAME: _____ TITLE: _____
(First name) (Last name) (Head or Asst. Coach, AD, Legion Coach)

MHSBCA HALL OF FAME MEMBER: YES or NO

SCHOOL/ORGANIZATION: _____ CIRCLE CLASS: 1 2 3 4 5 6

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL PHONE #: _____ HOME PHONE #: _____

E-MAIL ADDRESS: _____

- TOTAL # YEARS COACHING HIGH SCHOOL BASEBALL _____
- OVERALL WON/LOSS RECORD IN HIGH SCHOOL BASEBALL AS HEAD COACH _____ (win-loss-tie)

SEND CHECK or MONEY ORDER AND THIS FORM TO:

MHSBCA Membership
c/o Bryan Harmon
409 Kadee Drive
Crane, Missouri 65633
417-224-7412
harmonbp@gmail.com