



USTFCCCA



2009 Individual Membership Application

Individual Membership is open to any individual cross country or track and field coach and to any individual interested in being a member of the U.S. Track & Field and Cross Country Coaches Association. Individuals may become a member of the USTFCCCA by paying current membership dues under the individual membership category.

Individual membership dues are \$60.00 per calendar year, and 2009 membership dues will expire on December 31, 2009.

NAME:

(FIRST) (LAST) (MIDDLE INITIAL)

MAILING ADDRESS:

(street address or p.o. box) (city) (state) (zip code)

(email address) (phone #) (fax #)

(school or club affiliation – if any)

CHECK THE APPROPRIATE COACHING CATEGORY AND RELATED INFORMATION (check both genders if appropriate):

- | | | | |
|-----------------------------------|---|----------------------------|---------------------------------|
| <input type="radio"/> NAIA | <input type="radio"/> Men's <input type="radio"/> Women's | <input type="radio"/> Head | <input type="radio"/> Assistant |
| <input type="radio"/> NJCAA | <input type="radio"/> Men's <input type="radio"/> Women's | <input type="radio"/> Head | <input type="radio"/> Assistant |
| <input type="radio"/> CCCCA | <input type="radio"/> Men's <input type="radio"/> Women's | <input type="radio"/> Head | <input type="radio"/> Assistant |
| <input type="radio"/> HIGH SCHOOL | <input type="radio"/> Boys <input type="radio"/> Girls | <input type="radio"/> Head | <input type="radio"/> Assistant |
| <input type="radio"/> USATF CLUB | <input type="radio"/> Men's <input type="radio"/> Women's | | |
| <input type="radio"/> USATF YOUTH | <input type="radio"/> Boys <input type="radio"/> Girls | | |
| <input type="radio"/> AAU YOUTH | <input type="radio"/> Boys <input type="radio"/> Girls | | |
| <input type="radio"/> OTHER | _____ | | |

Make checks payable to: USTFCCCA

For Credit Card payment, please complete the following:
(if paying by credit card, applicants may fax this form to 504-599-8909)

TYPE OF CARD (check one) **Amex** **Master Card** **Visa**

(credit card number) _____/_____
(expiration date)

(print name) _____
(signature)

OFFICE USE ONLY:

\$ _____ ____/____/____ _____ _____
(amount received) (date received) (form of payment; cash, check or credit card) (received by)

Return Application To: USTFCCCA, 1100 Poydras Street, Suite 1750, New Orleans, LA 70163