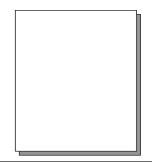


www.cscca.org tel. (801) 375-9400 info@cscca.org

University Station

Provo, UT 84602

P.O. Box 7100 University Station Provo, Utah 84602 U.S.A.



MEMBERSHIP APPLICATION

(MEMBERSHIP RUNS FROM AUGUST 1 - JULY 31 EACH YEAR)

		Di	ate:
Please type or print neatly			
First Name:	Middle Initial:_	Last Name:	
Male Female (Optional)		Full-Time Head	Student
		Full-Time Assistant	
Athletic Conference(s): Football:		☐ Part-Time Division:	
Basketball:			
Other Sport:		Division:	
College or University:			
(Students Only) Anticipated Degree and			
Current or Most recent institution of em			
Mailing Address: Home] Work Work	Phone:	Ext:
	CellPh	none:	
City			
City: Zip:			
Academic Degree(s) which you hold (:	
Institution	ove.s.ty, eoege o.		ear Received
	ou were a full-time, head or ts, etc. and dual role position therapist/teacher/researche ay be contacted for verificat Posit	assistant strength & conditioni ns as part-time head or assista er/etc. will not be counted as fu	ng coach. Positions as interns, nt strength & conditioning Ill-time employment.) Please se attachments as necessary. From To
Total Number of Years as a Full-time	e Collegiate and/or Profes	ssioal - level Strength and Co	nditioning Coach:
Membership Dues are \$55/\$110 per academic	school year.		
Please make check* payable to:		- Ciana atoma	
Collegiate Strength & Conditioning Coaches association (CSC	iCa)	Signature	
Return Completed Form and Payment to:			
Collegiate Strength & Conditioning Coaches association (CSCCa) RE: Membership P.O. Box 7100		Date Am	ount Due

Full-Time Coach: \$110 Student/PT/Emeritus: \$55