South Carolina
Athletic Coaches Association

R, Shell Dula
Executive Secretary
W. Keith Richardson
Consultant

Post Office Box 50028
Greenwood, SC 29649
Phone (864) 388-2479
Fax (864) 388-2478

Membership #: Renewal _____ New _____

Name: SSN:

Home Address: Home Phone #:

School Name: Region:

School Address: , School Phone #:

Email Address: Cell Phone #:

Complete 1 - 7

1. Number years active Coach in SC _____
2. Number years member of SCACA _____
3. Current sport(s) as Head Coach _____
4. Current sport(s) as Assistant Coach _____
5. Athletic Director _____ yes _____ no
6. Other position(s) _____
7. Full or part time employee of the school system? _____ part time _____ full time

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Dues

Make checks payable to SCACA, mail to Shell Dula, PO Box 50028, Greenwood, SC 29649. (Payment of dues for SCACA must be postmarked by **July 10, 2009. ONLY MEMBERS OF SCACA PERMITTED TO ATTEND THE CLINIC.**)

SCACA	(Prior to July 10, 2009)	$40.00	
	(After July 10, 2009)	$50.00	$_____

Auxiliary Organization Membership(s)

Athletic Trainers	$5.00	$_____	Soccer	$8.00	$_____
Baseball	$7.00	$_____	Strength Coaches	$5.00	$_____
Basketball	$8.00	$_____	Swim	$5.00	$_____
CAWS	$7.00	$_____	Tennis	$8.00	$_____
Cheerleading	$5.00	$_____	Track/Cross Country	$5.00	$_____
Football	$10.00	$_____	Wrestling	$5.00	$_____
Golf	$5.00	$_____	North/South Football Tickets	$5.00	$_____

Total $_____

This form must be completed and returned with payment.

For Office Use Only:

Amount _____ Date _____