



# BASKETBALL COACHES ASSOCIATION of MICHIGAN

2017-2018 COLLEGE MEMBERSHIP FORM

Membership Year: June 1, 2017 – May 31, 2018

**Registration Deadline: February 15, 2018**

College or University Name: \_\_\_\_\_

Athletic Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of person filling out this form \_\_\_\_\_

Athletic Office Phone Number \_\_\_\_\_

**Make check or money order payable to:**

BCAM • Basketball Coaches Association of Michigan

**Send payment and this entire form to:**

BCAM  
PO BOX 2063  
MIDLAND, MI 48641-2063

**SCHOOL MEMBERSHIP:**

**Select one:**

**\$ 40 Men's Staff**

**\$ 40 Women's Staff**

Only ONE Head Varsity Coach allowed per \$40 School Membership.

ALL coaches will be members of BCAM, Mich. High School Coaches Assn. & National HS Basketball Coaches Assn.

**Website:** www.bcam.org **BCAM Hotline:**(517) 580-8366 **Fax:** (989) 486-3625 **Email:**secretary@bcam.org

**\*\*A unique individual EMAIL ADDRESS is REQUIRED for EACH person. If no valid email address is given, that person will not receive BCAM newsletters or information. Only actively coaching coaches will be "voting members".**

**1. HEAD Coach:**

Name \_\_\_\_\_

Email (REQUIRED) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

**Optional:** (Award given for every 100 wins)

Number of HEAD Varsity Basketball Wins \_\_\_\_\_

Number of Non-Varsity Basketball Wins \_\_\_\_\_

Number of Years of Coaching Basketball \_\_\_\_\_

**2. Assistant Coach:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**3. Assistant Coach:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**4. Assistant Coach:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**5. Athletic Director:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**6. Director of Operations:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**7. Manager:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**8. Manager:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**9. Sports Information Director:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**10. Administrative Assistant:**

Name \_\_\_\_\_ Email (required) \_\_\_\_\_

Mailing Address (if different than Athletic address) \_\_\_\_\_

**(Each person listed above will receive our monthly e-newsletter as part of their BCAM membership.)**