



BASKETBALL COACHES ASSOCIATION of MICHIGAN

2020-2021 COLLEGE MEMBERSHIP FORM

Membership Year: August 1 – July 31

Membership registrations accepted the sooner the better, but no later than February 15, 2021

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

COLLEGE 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 & 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.)