



BASKETBALL COACHES ASSOCIATION of MICHIGAN

2020-2021 SINGLE-GENDER School MEMBERSHIP FORM

Membership year runs from Aug 1 – July 31

Membership registrations accepted beginning August 1, but definitely no later than Feb. 15, 2021

This form is ONLY for a single-gender coaching staff (Example: all the “boy’s” coaches at one school system—Boys Varsity, Boys JV, Boys Frosh, Boys 8th, Boys 7th, AD, etc.)

School Name: _____ Class of HS: A B C D

Athletic Mailing Address: _____

City: _____ Zip: _____

Basketball League/Conference: _____

Athletic Office Phone: _____

Name of person filling out this form _____

By logging in to bcam.org and going to “School Dashboard” one member will be able to view and edit this group membership. Which BCAM member below should be given this permission? _____

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

Website: www.bcam.org BCAM Hotline & Fax: (989) 486-3625 Email: secretary@bcam.org

SCHOOL MEMBERSHIP:

\$ 40 for up to 8 coaches

8 coaches MAXIMUM.

This form is for coaching staffs of a Single Gender only.

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.

****A unique EMAIL ADDRESS is REQUIRED for EACH coach. If no valid email address is given, that coach will not receive BCAM information, nor will they be able to vote.**

ALL COACHES ARE PART OF OUR SCHOOL’S GIRL’S BOY’S BASKETBALL STAFF

1. Varsity HEAD Coach

Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

Phone: (____) _____

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 _____

Other Coaches/Individuals:

2. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (____) _____

Coaching Level for This Season: (REQUIRED)
(Circle all that apply)

Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

3. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

**Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other**

4. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

**Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other**

5. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

**Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other**

6. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

**Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other**

7. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

**Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other**

8. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

**Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other**