



# BASKETBALL COACHES ASSOCIATION of MICHIGAN

2020-2021 SCHOOL MEMBERSHIP FORM

Membership Year: August 1, 2020 – July 31, 2021

Membership registrations accepted THE SOONER THE BETTER, but definitely no later than Feb. 15, 2021

This form is for SCHOOL MEMBERSHIPS only. See website for INDIVIDUAL Membership Form.

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 named "OWNER" and be able to view and edit this group membership. Which BCAM member below should be given this permission: \_\_\_\_\_

### SCHOOL MEMBERSHIP:

\$ 80 for up to 15 coaches

15 coaches MAXIMUM.

Only Two Head Varsity Coaches allowed per School Membership.

All coaches receive membership to BCAM, Mich. High School Coaches Assn. & National HS Basketball Coaches Assn.

### Make check or money order payable to:

BCAM • Basketball Coaches Association of Michigan

Website: [www.bcam.org](http://www.bcam.org)

### Send payment and this entire form to:

BCAM, PO BOX 2063, MIDLAND, MI 48641-2063

BCAM Hotline & Fax: (989) 486-3625

Email: [secretary@bcam.org](mailto:secretary@bcam.org)

**\*\*A unique individual EMAIL ADDRESS is REQUIRED for EACH coach. If no valid email address is given, that coach will not receive BCAM newsletters or information, nor will they be able to vote for Mr/Miss Basketball or vote in any other BCAM election. Print Clearly.**

## 1. Boys' Varsity HEAD Coach:

Name \_\_\_\_\_

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

Mailing Address (required): \_\_\_\_\_

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

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

### Optional:

# of HEAD Varsity Basketball Wins \_\_\_\_\_

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

# Years of Coaching Basketball \_\_\_\_\_

## 2. Girls' Varsity HEAD Coach:

Name \_\_\_\_\_

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

Mailing Address (required): \_\_\_\_\_

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

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

### Optional:

# of HEAD Varsity Basketball Wins \_\_\_\_\_

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

# Years of Coaching Basketball \_\_\_\_\_

## Other Coaches/Individuals:

**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)

**Girls:** Var Asst JV Frosh Jr Hi Elem  
**Boys:** 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem  
**Boys:** 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem  
**Boys:** 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem  
**Boys:** 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem  
**Boys:** 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)

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

**9. 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem

**Boys:** Var Asst JV Frosh Jr Hi Elem

**AD Official Retired Other**

**10. 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem

**Boys:** Var Asst JV Frosh Jr Hi Elem

**AD Official Retired Other**

**11. 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem

**Boys:** Var Asst JV Frosh Jr Hi Elem

**AD Official Retired Other**

**12. 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem

**Boys:** Var Asst JV Frosh Jr Hi Elem

**AD Official Retired Other**

**13. 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem

**Boys:** Var Asst JV Frosh Jr Hi Elem

**AD Official Retired Other**

**14. 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)

**Girls:** Var Asst JV Frosh Jr Hi Elem

**Boys:** Var Asst JV Frosh Jr Hi Elem

**AD Official Retired Other**

**15. 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 \_\_\_\_\_

<p><b>Coaching Level for This Season: (Required)</b> (Circle all that apply)</p> <p><b>Girls: Var Asst JV Frosh Jr Hi Elem</b></p> <p><b>Boys: Var Asst JV Frosh Jr Hi Elem</b></p> <p><b>AD Official Retired Other</b></p>
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**Additional coaches from your school who wish to become BCAM members must submit an “Individual Membership Form” (available at our website) and pay the Individual Membership fee.**