



PLEASE PRINT OR TYPE and ONE (1) FORM PER PERSON  
(Membership runs from September 1<sup>st</sup> through August 31)

Membership dues are annual and must be paid for the current membership year.

**Membership fee:** \$60.00 annual fee per baseball coach.

**Clinic fee:** MHSBCA Clinic Fee \$60.00 (Payment of membership dues are required to attend clinic)

Indicate the total amount of check or money order: \$ \_\_\_\_\_

**\*\*Sorry the MHSBCA cannot accept school purchase orders.**

**You can also pay by credit card online at : [www.mhsbca.net](http://www.mhsbca.net)**

MEMBER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(First name) (Last name) (Head or Asst. Coach, AD, Legion Coach)

MHSBCA HALL OF FAME MEMBER:  YES or  NO

SCHOOL/ORGANIZATION: \_\_\_\_\_ CIRCLE CLASS:  1  2  3  4  5  6

SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

- TOTAL # YEARS COACHING HIGH SCHOOL BASEBALL \_\_\_\_\_
- OVERALL WON/LOSS RECORD IN HIGH SCHOOL BASEBALL AS HEAD COACH \_\_\_\_\_ (win-loss-tie)

**SEND CHECK or MONEY ORDER AND THIS FORM TO:**

MHSBCA Membership  
c/o Bryan Harmon  
409 Kadee Drive  
Crane, Missouri 65633  
417-224-7412  
[harmonbp@gmail.com](mailto:harmonbp@gmail.com)