

MEMBERSHIP FORM

(Please print all information)

*Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Email _____

*Coaching at _____

County _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ - _____ - _____

School Classification (circle one) 4A 3A 2A 1A MIAA IAAM Private Other _____

*Check the appropriate area(s): BOYS: Varsity _____ GIRLS: Varsity _____

Assistant _____ Assistant _____

J. V. _____ J. V. _____

College _____ College _____

Not Currently Coaching/Athletic Director, Etc. _____

[The membership fee is \$25.00 per individual]

{DO NOT WRITE BELOW}

MACS Membership Number _____

Check _____ S P Cash/Amount _____

Received _____

RETURN TO: M.A.C.S.
C/O Hector Morales Jr.
3717 Mount Olney Lane
Olney, MD 20832