

WBCA MEMBERSHIP APPLICATION

MEMBERSHIP CONTACT INFORMATION

Name: _____ Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Present Position and Institution: _____ / _____

School Address _____ Work Phone: (____) _____

City _____ State _____ Zip _____ Cell Number (____) _____

Email Address (print clearly) _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Membership Number _____

(Please circle preferred mailing address-institution or home)

PLEASE INDICATE YOUR DIVISION

NCAA I NCAA III NAIA II HS PROFESSIONAL
 NCAA II NAIA I JC/CC AAU OTHER

PLEASE CALL THE MEMBERSHIP DEPARTMENT TO FIND OUT THE AMOUNT YOU OWE! WE ARE IN THE PROCESS OF CONVERTING THE ENTIRE MEMBERSHIP TO A SEPTEMBER 1ST RENEWAL DATE AND PRICES WILL VARY.

Active A -- Div. I Head and Assistant Coaches and Director of Basketball Operations***

Active B -- Div. II, III, NAIA, JC/CC Head and Assistant Coaches and Director of Basketball Operations***

Affiliate -- Former Coaches; SIDs; Officials; Media; Friends; etc

Allied -- Companies; Organizations; Associations; etc

Associate -- High School; Jr. High; Middle School; Part-time and Graduate Assistant Coaches

Professional -- Professional League Coaches and Staff

Retired -- Retired Coaches and Administrators

*** Must be a current member to participate in the WBCA Awards Program***

PAYMENT TYPE

Payment Type: Check Enclosed (payable to WBCA) Visa/MasterCard/Amex/Discover

Account Number _____ Exp. Date _____

Billing Address of Credit Card _____

Signature (required for credit card) _____ FEI # 23-2187133



Please complete and return to:
WBCA Membership Department
4646 Lawrenceville Highway
Lilburn, GA 30047
Phone: (770) 279-8027 Fax: (770) 279-6290
Felicia Folds-x134 & Alicen Kikkert-x102
www.wbca.org

Memberships are Non-transferable
and Non-Refundable