

**2009-10 NFHCA MEMBERSHIP FORM  
High School – Assistant Coach**

High School \_\_\_\_\_

High School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

High School Telephone \_\_\_\_\_

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Name \_\_\_\_\_ Member # \_\_\_\_\_  
(for office use only)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**Payment Options (check one)**

I am paying for my 2009-10 membership with the enclosed check / money order in the amount of \$25 made payable to NFHCA.

I would like the NFHCA to charge the Visa / Mastercard listed below \$25 for the full cost of my 2009-10 membership.

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the Card \_\_\_\_\_

Signature \_\_\_\_\_

***Memberships must be renewed by September 30<sup>th</sup> to be eligible to participate in all NFHCA sponsored programs.***

Please mail, fax or email all forms and payments to:

**NFHCA ♦ P O Box 13289 ♦ Chandler AZ 85248  
Fax: 480-895-5818 ♦ Email: [executivedirector@nfhca.org](mailto:executivedirector@nfhca.org)**