

**2009-10 NFHCA MEMBERSHIP FORM
High School**

The cost of a High School membership is \$100. Dues will include a membership for the Varsity Head Coach plus one (1) Assistant Coach.

High School _____

High School Address _____

City _____ State _____ Zip Code _____

High School Telephone _____

Varsity Head Coach _____ Member # _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

Email Address _____

Assistant Coach _____ Member # _____

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 made payable to NFHCA.

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

Credit Card # _____ Expiration Date: _____

Name on the Card _____

Signature _____

Memberships must be renewed by September 30th 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