Collegiate Strength & Conditioning Coaches ASSOCIATION

www.cscca.org
tel. (801) 375-9400
fax (801) 375-9401

P.O. Box 7100
University Station
Provo, Utah 84602
U.S.A.

Attach Photo Here

MEMBERSHIP APPLICATION RENEWAL

FOR ALL FULL-TIME, COLLEGIATE HEAD AND ASSISTANT STRENGTH AND CONDITIONING COACHES

Date: _____

Please type or print neatly...

First Name: _____ Middle Initial: _____ Last Name: _____

☐ Male ☐ Female

Social Security or ID Number: _____

☐ Head Strength & Conditioning Coach

☐ Assistant Strength & Conditioning Coach

Athletic Conference(s):

Football: _____ Division: _____

Basketball: _____ Division: _____

Other Sport: _____ Division: _____

University or College: _____

Mailing Address: ☐ Home ☐ Work

_____

_____

City: _____

State: _____ Zip: _____

Work Phone: _____ Ext: _____

CellPhone: _____

Fax: _____

Email: _____

Academic Degree(s) which you hold (University/College Only):

Institution	Degree & Year Received

University/Collegiate and/or Professional (e.g. NFL, NBA, MLB, NHL, etc.) Employment History. (Please begin with current position and work back, including only those jobs at which you were a full-time, head or assistant strength & conditioning coach. Positions as interns, residents, graduate assistants, practicum students, etc. and dual role positions as part-time head or assistant strength & conditioning coach and sport coach/athletic trainer/physical therapist/teacher/researcher/etc. will not be counted as full-time employment.) Please be as accurate as possible. Listed institutions will be contacted for verification of employment history. Use attachments as necessary.

Institution / Organization	Position / Title	From	To

Total Number of Years as a Full-time Head or Assistant Strength and Conditioning Coach: _____

Membership Dues are $100 Per Applicant Per Year.

Please make check* payable to:

Collegiate Strength & Conditioning Coaches association (CSCCa)

Return Completed Form and Payment to:

Collegiate Strength & Conditioning Coaches association (CSCCa)
RE: Membership
P.O. Box 7100
University Station
Provo, UT 84602

_____
Signature

_____
Date

Amount Due: $100