

# ***2009- 2010 Membership Form***

## **Basketball Coaches Association of New York, Inc.**

**BCANY Tax ID# 16-1612331**

Instructions:

1. Use this side of the form if only one coach is joining.
2. Put additional names on the reverse side. **NEED EMAIL ADDRESS OF EACH COACH**
3. For "Section" on the membership form, put the NYSPHSAA section your school is in OR PUT THE NUMBER THAT FITS YOUR SCHOOL.: Section 12: NYC Public Schools, Section 13: NYC Catholic Schools, Section 14: NYC + NYS Private Schools, Section 15: College Division II and III, Section 16: College Division I, Section 17: Junior College, Section 18: Other

**\*\*Email:** ALL communications from BCANY will be by email. We must have an accurate email address. **(PLEASE PRINT CLEARLY).**

We prefer you use a home email address so that you will receive emails even when school is not in session. If you do choose to use a school email address please understand that your school's internet security system might view it as spam as it will have pictures and or graphics and kick it back. If possible let your school's internet person know that if it has "BCANY" in the subject line, it is not spam.

## **BCANY 2009-2010 Membership Form**

**Please print Clearly/Legibly**

Name \_\_\_\_\_

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

City, State,  
Zip \_\_\_\_\_

**\*\*EMAIL:** \_\_\_\_\_

School \_\_\_\_\_ Section \_\_\_\_\_

**Please Circle:** Boys Coach   Girls Coach   Men's College Coach   Women's College Coach

**Please Circle:** Head Coach   Ass't Coach   JV Coach   Modified Coach   Other \_\_\_\_\_

Membership Category and Fee:

\$30.00: Head Coach

\$15.00: Scholastic Ass't, JV, Modified, College Assistant

\$15.00: Associate – AAU coaches, family, friends, fans, college students, etc.

Free: Retired coaches who were active members for at least 5 years.

\$70.00: Staff Rate (see below)

\$99.00: School Special (Entire Boys and Girls Staffs)

**Example:**

\$30.00: Head Coach

\$45.00: Head Coach and 1 Assistant

\$60.00: Head Coach and 2 Assistants

\$70.00: Head Coach and 3 or 4 Assistants

**BCANY Tax Identification Number 16-1612331**

**Make checks payable to: BCANY**  
**Mail completed form and payment to:**

Dave Archer, BCANY

524 Dickson Street, Endicott, NY 13760

☐ New ☐ Renewal

**BCANY 2009-2010**

Membership Expires August 31, 2010

**Please print clearly**

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

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School \_\_\_\_\_ Section \_\_\_\_\_

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