

Iowa High School Swim Coaches Association
Membership Form
Please pass on a copy - encourage new membership!

Name _____

Date _____ College Attended _____

Number of Years in IHSSCA _____

Home Address _____

City _____ State _____ Zip _____

E-mail Address (**required**) _____

Home phone _____ School Phone _____

School _____

School Address _____

City _____ State _____ Zip _____



I understand that my name, school and email address will be published on the Iowa Swim Coaches Association web site.

Annual Membership Dues \$20 __Regular __Honorary

Men's

Women's

Other

Official

__Head

__Head

__USA

__Men's

__Assistant

__Assistant

__YMCA

__Women's

__Diving

__Diving

__NCAA

__Other

Number of years coaching/officiating _____

Are you currently a member of the National Interscholastic Swimming Coaches Association?

__Yes __No If yes, how long? _____

If you are not a member of NISCA, would you like more information regarding our National Association?

__Yes __No

Please mail this form along with a check made payable to IHSSCA to:

Mark Stanley
Secretary-Treasurer
14441 N. 99th Ave. E.
Grinnell, IA 50112