

**PHSSCA Membership Form**

Name \_\_\_\_\_

Mailing Address:            Home                            School            (circle one)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_

School name: \_\_\_\_\_

School District name: \_\_\_\_\_

Swim District \_\_\_\_\_ (1 -12)

School classification (circle)            AA                            AAA

Coaching position (circle all that apply)

                 Boys                            Girls  
                 Head Coach            Assistant Coach            Diving Coach

Please check membership level desired:

\_\_\_\_\_ Regular membership ( presently coaching)

\_\_\_\_\_ Associate membership ( retired from coaching)

Send this form, along with a check for \$15.00 made payable to PHSSCA to:

Bill Sterner  
1918 Beck Mill Road  
Hanover, PA 17331

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