

# \_\_\_\_\_

# CCCSCA MEMBERSHIP APPLICATION

**Please print or type:**

Name: \_\_\_\_\_

College: \_\_\_\_\_

College Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Men or Women: \_\_\_\_\_

School Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

NSCAA# \_\_\_\_\_

**Membership Fee: \$75.00 Pay Pal \$80.00 (August 1<sup>st</sup> to Oct 31<sup>st</sup>)  
\$100.00 Pay Pal \$105.00 (after November 1<sup>st</sup>)  
\$125.00 If paid at Seeding Meeting**

**Please make checks payable to:**

**CCCSCA**

(California Community College Soccer Coaches Association)

**Please send Checks to:**

Geoff Aguiar  
22272 Cynthia Court  
Hayward, Ca 94541  
Phone: 510-363-0739

Membership is from August 1 to July 31 each year.