

# American Coaches Association, Inc

P.O. Box 7431, Wesley Chapel, FL 33543, (813) 991-6445

Be sure to enclose **\$25 Membership Fee** and **Colored Photo** (or email photo to [aca\\_comments@yahoo.com](mailto:aca_comments@yahoo.com))  
Please make checks Payable to ACA

## M e m b e r s h i p   A p p l i c a t i o n

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Grade: \_\_\_\_\_

Team Registration Number: \_\_\_\_\_ Team Gender: \_\_\_\_\_

**Previous Residence(s) if less than 5 years at current address:**

\_\_\_\_\_

\_\_\_\_\_

Use back if needed

**Have you ever been Charged with a crime? If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

Use back if needed

### CONFIDENTIAL RELEASE AND WAIVER

It is my understanding that the American Coaches Association, Inc. (ACA) will conduct a public record search of my personal history.

I hereby authorize an officer or employee of ACA or any other authorized representative of ACA bearing this release or a copy of this release, within one year of its date, to obtain information in your files pertaining to personal history.

I hereby release ACA from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information.

By signing this application, I hereby verify that the information provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Did you include the following:

Colored Photo

\$25 Membership Fee