

**OHIO ASSOCIATION OF TRACK & CROSS COUNTRY COACHES
MEMBERSHIP FORM**

**Membership is for the CALENDAR YEAR, January through
December.**

YOU NEED NOT JOIN IF YOU PLAN TO ATTEND JAN. CLINIC

PLEASE FILL IN THE FOLLOWING INFORMATION

MEMBERSHIP: ____ \$10.00

20 ____ **(Please fill in the year)**

SCHOOL: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** ____ **ZIP:** _____

HOME/CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

COACHING POSITION (Please check all that apply)

BOYS: __ HS __ MS __ TRACK __ CC **GIRLS:** __ HS __ MS __ TRACK __ CC

Includes voting privileges (M.E.C.C. Meet, Indoor Championships, M.M.C Meet)

MAKE CHECK PAYABLE TO OAT & CCC

**MAIL TO: Donna Joseph
3822 Highland Avenue
Shadyside, Ohio 43947**
