



BASKETBALL COACHES ASSOCIATION of MICHIGAN

2024 - 2025 SCHOOL MEMBERSHIP FORM

Membership Year: August 1, 2024 – July 31, 2025

Membership registrations accepted THE SOONER THE BETTER, but definitely no later than Feb. 15, 2025

This form is for SCHOOL MEMBERSHIPS only. See website for **INDIVIDUAL Membership Form.**

School Name: _____ Basketball Div: 1 2 3 4

Athletic Mailing Address: _____

City: _____ Zip: _____

Basketball League/Conference: _____

Athletic Office Phone: _____

Name of person filling out this form _____

By logging in to bcam.org and going to "School Dashboard" one member will be able to view and edit this group membership. Which BCAM member below should be given this permission: _____

SCHOOL MEMBERSHIP:

\$ 90 for up to 15 coaches

15 coaches MAXIMUM.

Only Two Head Varsity Coaches allowed per School Membership.

All coaches receive membership to BCAM, & Mich. High School Coaches Assn.

Make check or money order payable to: BCAM

Website: www.bcam.org

Send payment and this entire form to:

BCAM Phone (989) 486-3625

BCAM – Attn: Amy Heydenburg
1257 W Stanton Rd, Stanton, MI 48888

Email: secretary@bcam.org

****Mail sent to any other address will be returned by the USPS***

****A unique individual EMAIL ADDRESS is REQUIRED for EACH coach. If no valid email address is given, that coach will not receive BCAM newsletters or information, nor will they be able to vote for Mr/Miss Basketball or vote in any other BCAM election. Print Clearly.**

1. Boys' Varsity HEAD Coach:

Name _____

Optional:

Email (REQUIRED) _____

of HEAD Varsity Basketball Wins _____

Mailing Address (required): _____

of Non-Varsity Basketball Wins _____

City: _____ Zip: _____

Years of Coaching Basketball _____

Phone: (_____) _____

2. Girls' Varsity HEAD Coach:

Name _____

Optional:

Email (REQUIRED) _____

of HEAD Varsity Basketball Wins _____

Mailing Address (required): _____

of Non-Varsity Basketball Wins _____

City: _____ Zip: _____

Years of Coaching Basketball _____

Phone: (_____) _____

Other Coaches/Individuals:

3. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

4. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

5. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

6. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

7. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

8. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

9. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

10. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

11. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

12. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

13. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

14. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

15. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (Required)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem

Boys: Var Asst JV Frosh Jr Hi Elem

AD Official Retired Other

Additional coaches from your school who wish to become BCAM members must submit an “Individual Membership Form” (available at our website) and pay the Individual Membership fee.