



## MINNESOTA BLACK BASKETBALL COACHES ASSOCIATION

### Application for Membership

Submission date: \_\_\_\_\_

October 1, 2020 - September 30, 2021

Please note that memberships will need to be renewed annually.

### **Personal Data**

Name : \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State, City, Zip)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Email \_\_\_\_\_  
Preferred mail: \_\_\_\_\_

Date of Birth: \_\_ Name of Spouse: \_ Birth Month \_\_\_\_\_

Profession/Title: \_\_\_\_\_

Employer / Business Name: \_\_\_\_\_

Current School/ Position: \_\_\_\_\_

Years in Coaching : \_\_\_\_\_

### **Educational Background**

Undergraduate: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Graduate: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

### **Organizational Affiliations**

(List any offices held)

Professional: Civic:

\_\_\_\_\_

Social:

\_\_\_\_\_



### **Additional Interest**

Please provide any information that would be helpful to the MBBCA in assisting you to find your “niche”

**Community Involvement:** \_\_\_\_\_

**Extracurricular Activities:**  
\_\_\_\_\_

**Hobbies:** \_\_\_\_\_

**Special Talents/Skills:**

**Heroes:**

**All Coaches are expected to take an active role in organizational activities. Please indicate areas of interest in serving the Minnesota Black Basketball Coaches Association:**

- \_\_\_\_\_ **Education/Networking**
- \_\_\_\_\_ **Advocacy**
- \_\_\_\_\_ **Media/ Publication Committee**
- \_\_\_\_\_ **Youth Basketball**
- \_\_\_\_\_ **Awards/Recognition**
- \_\_\_\_\_ **Membership Committee**
- \_\_\_\_\_ **Finance/ Fundraising**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Membership Level:**

**Founder** \_\_\_\_\_

**Member** \_\_\_\_\_

**Associate Member** \_\_\_\_\_