



Soccer Coaches Association of New Jersey (SCANJ)

Membership Mail-in Application

Name _____ High School Name _____

Home Address _____

Phone (Work) _____

Phone (Home) _____

Phone (Cell) _____

E-mail _____ High School Address _____

Thank you for paying your membership.

Membership Fee: **\$20.00 per school**

Checks made payable to: **SCANJ**

Mail to: **Tom Taylor Treasurer SCANJ,
326 West Lakeshore Drive,
Highland Lakes, NJ 07422**