THE SOCCER COACHES OF NEW JERSEY MEMBERSHIP FORM



Name:		
High School:		
Address:Date of Birth:		1:
City:	State: ZIP:	
Cell Phone:	Can we text you important info?	YES NO
Personal Email (Required):		Twitter:
School E-Mail (Required):		Instagram:
Check here to receive info	rmation and offers from SCANJ and United Sc	occer Coaches Via Email.
Check here to receive the	United Soccer Coaches' weekly electronic ne	wsletter.
I am a: New Member of S	CANJ Returning Member of SCANJ	Primary Coaching Area
I am a: New Member of L	Inited Soccer Coaches	NJ High Soccer Boys I Coach: Males
METHOD OF PAYMENT Check No. & Bank Acco Money Order (Enclosed	unt.:	Role in this Coaching Area: Head Coach Assistant Coach Secondary Coaching Area (Check One): Junior College Division I Junior College Division III NCAA Division II NCAA Division III Referee Youth
Standard Membership: (SCANJ & USC Combine	ed) \$_ <u>125.00</u> ALL SERVICES ALLOWED.	Youth U6-10 Youth Role in this Coaching Area:
Attention: The Socce	orm with your payment to: r Coaches of New Jersey (S.C.A.N.J) dent: Evan Brosniak 68 Vicari Way Egg Harbor, NJ 08087	Head Coach Assistant Coach Director of Coaching Administrator Retired Other