

WASHINGTON STATE COACHES ASSOCIATION
Lifetime Membership Nomination Form

Thank you for taking the time to nominate a coaching colleague for consideration as a Lifetime Member of the Washington State Coaches Association.

PART I: Information about the person making the nomination.

Name: _____

Home mailing address: _____

City _____ State _____ Zip Code _____

Home/cell phone: _____ Email address _____

Are you a member of WSCA? Yes No (Please check one)

School: _____ City _____

PART II: Information about the Lifetime Membership Candidate.

Name: _____

Home mailing address: _____

City _____ State _____ Zip Code _____

Home/cell phone: _____ Email address _____

Length of Washington State Coaches Association Membership: _____ years

School(s) coached at: _____

Criteria for nomination:

Candidates for Lifetime membership must be approved by a majority vote of the WSCA Executive Board. Any person who has retired from coaching, who has made positive contributions working with student athletes, contributed to the coaches association and the coaching profession in the advancement of athletics and **has been coaching as a member in good standing of the WSCA for a minimum of twenty five (25) years** shall be eligible for consideration for Lifetime Membership.

Please provide supporting statements as to why you are nominating this coach for consideration as a Lifetime Member of the WSCA. Attach separate page(s) and submit with this application to Mike Schick at wscs-editor@comcast.net.