

**Indiana High School Volleyball**

**Coaches Association**

**2024-2025 Membership Registration**

Name School

Home address City Zip

School address City Zip

School email Personal email

School phone Cell phone

How many years have you been coaching?

What level do you currently coach?

Are you willing to serve on an IHSVCA committee? **Yes**, What areas would you like

to serve the IHSVCA? . **No**

Membership dues are $45. Make checks payable to IHSVCA.

**Mail to:**

Rhonda Low Treasurer IHSVCA 7229 E 1075 N

Indianapolis, IN 46237

Visit us on the web at [www.IHSVCA.com](http://www.IHSVCA.com/)