



Indiana High School Volleyball Coaches Association

2025-2026 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 \$60. 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