



# Indiana High School Volleyball Coaches Association

## 2026-2027 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](http://www.IHSVCA.com)