

**WIHA Membership Form**

**2010**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**High School/Middle School attending 2010-11 school year:** \_\_\_\_\_

**County in which your High School/Middle School resides in:** \_\_\_\_\_

**Grade in school for 2010-11 school year:** \_\_\_\_\_

**Member Number ( office use only)** \_\_\_\_\_



**Please return completed form and your \$35.00 State membership fee to your District Coach.**