MINNESOTA SPEECH COACHES ASSOCIATION
Membership Form, 2018-2019

Name: _____
(last) (first) (M.I.)

Home Address: _____

State: _____ Zip: _____ Home Phone: _____

Office Phone: _____ Cell Phone: _____

E-Mail Address: _____

Institution / Business: _____
(If you are in K-12, please indicate if your school is a high school, middle school, or elementary school)

Address: _____

City: _____ Zip: _____

Minnesota State High School League Section: _____

MEMBERSHIP FEES:

MSCA Membership (9/1/18-8/31/19): $20.00

Complete this form and mail, with membership dues included, to the MSCA Treasurer:

Zach Prax
Eastview High School
6200 140th Street W
Apple Valley, MN 55124

MSCA LISTSERVE: If you wish to join the MSCA listserv, go to
http://mail.mnsu.edu/mailman/listinfo/msca and follow the instructions.