

# ISCA MEMBERSHIP APPLICATION



*"Techniques and Technologies to Educate Today's Swim Coaches"*

First Name: \_\_\_\_\_

Last Name (*Family Name*): \_\_\_\_\_

Team: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## **Code of Practice:**

- I have read and agree to abide by the International Swim Coaches Association (ISCA) Code of Practice



ISCA Code of Practice

**Return completed application and 75.00 (USD) check or money order to:**

*International Swim Coaches Association  
2721 Brambleton Ave SW  
Roanoke, VA 24015*

Please make checks out to "ISCA"

Coaches will not receive membership details until payment has been processed. Please call (+1) 540-904-2666 with any questions.