



### Coach Membership Application

*Please complete this form and mail it, along with the application fee, to soccer connector international, 13700 Mapledale Ave, Woodbridge VA 22193. Fax/Off: +1 703 730 1654*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Profession: \_\_\_\_\_ Present Club: \_\_\_\_\_ Languages: \_\_\_\_\_

Professional History:

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Personal Achievements:

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Clubs as a player:

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Clubs as a Coach:

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Matches: Won: \_\_\_\_\_ Draw: \_\_\_\_\_ Lost: \_\_\_\_\_ For Against: \_\_\_\_\_ Points: \_\_\_\_\_

Friendly: \_\_\_\_\_ World Cup Qualifier: \_\_\_\_\_ World Cup: \_\_\_\_\_

Confederations Cup: \_\_\_\_\_ CONCACAF : \_\_\_\_\_

Gold Cup: \_\_\_\_\_ Copa America: \_\_\_\_\_

*I have enclosed the following:*

- *The required two samples of my passport size picture, as specified.*
- *A check or money order for \$100, 00( fcfa 50.000), payable to SCI.*
- *(Optional) a one DVD or CD or a link to a YouTube showing you in your team or in a game situation.*

*I understand the following: if my application is approved the entire application fee is nonrefundable, and the membership fee is for a year starting the date of approval. I will also receive first-year membership (at the New Member level), which will entitle me to receive all privileges due to members.*

*If I'm not approved, I will receive detailed critiques of reason(s) of refusal and recommendation about how I should proceed, the refund of the application fees minus any applicable transfer fees.*

*(Signature)* \_\_\_\_\_