

## Sacramento Coaches Association Application For Associate Membership

Name \_\_\_\_\_ Name you prefer to be called \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email Address \_\_\_\_\_ Website \_\_\_\_\_

By submitting this application and initialing this statement, I acknowledge that I have read and agree to abide by the ICF Code Of Ethics (see [www.coachfederation.com](http://www.coachfederation.com))

Initials: \_\_\_\_\_

What is your association with, or interest in the profession of coaching?: (please be specific: e.g. "I am a practicing coach," "I operate a Virtual Assistant business that supports professional coaches, etc.")

\_\_\_\_\_

\_\_\_\_\_

If you are a practicing coach:

I have been coaching for \_\_\_\_\_ years.

Coach Training Program: \_\_\_\_\_ Dates: \_\_\_\_\_

Certification/Licenses/Degrees \_\_\_\_\_

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We hope and expect that all members of our Association will participate in at least one committee each year. In which committees would you like to participate?

\_\_\_\_\_ Membership \_\_\_\_\_ Website \_\_\_\_\_ Professional Development \_\_\_\_\_ Activities/PR

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The Associate Member Activities fee is \$120 per year. Please mail this application and your check for made payable to PCAGS/Sacramento Coaches to Sacramento Coaches, P.O. Box 163363, Sacramento, CA 95816, or bring it to the next Association monthly meeting. **PLEASE NOTE:** you can apply to become a Full Member of the Association at any time. Contact the chair of the membership committee for details.

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As a benefit of your Associate Membership, your contact information can be listed on the Sacramento Coaches website ([www.sacramentocoaches.org](http://www.sacramentocoaches.org)). Following approval of your Associate Membership, a form will be sent to you on which you can provide us with the necessary information.

YES, please include my contact information on the website.

NO, please *do not* include my contact information on the website.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your application.** Your application for Associate Membership will be reviewed by the board of directors and you will be notified by the Membership Committee of the board's decision.

<b>FOR BOARD OF DIRECTOR USE ONLY:</b>	
Date Appl Rec'd: _____	Interviewed by: _____
<b>Status:</b> _____	Approved Effective Date: _____ Exit Date: _____
_____ Not Approved	Reason: _____
Date Notified: _____	By: _____