



# TGCA MEMBERSHIP REGISTRATION FORM

MEMBERSHIP for June 1, 2023 – May 31, 2024

<b>TGCA PERMANENT MEMBERSHIP NUMBER</b>		<input type="checkbox"/> <b>IF NEW MEMBER</b> <i>NEVER been a TGCA Member before.</i>		
FIRST NAME			MAIDEN NAME (IF APPLICABLE)	
LAST NAME			MIDDLE	
ADDRESS			APT	
CITY			STATE    ZIP	
HOME EMAIL				
HOME PHONE (    )			CELL PHONE (    )	
<b>SCHOOL INFORMATION</b>				
SCHOOL _____		ISD _____		
SCHOOL PHONE (    )	CONFERENCE 1A [    ] 2A [    ] 3A [    ] 4A [    ] 5A [    ] 6A [    ]			
SCHOOL EMAIL _____				
<b>MEMBERSHIP TYPE</b> (Check one)		<b>COACHING ASSIGNMENTS</b> (Circle all that apply)		
<input type="checkbox"/> Past President (Complimentary lifetime membership) <input type="checkbox"/> Active (coaching at an elementary or secondary school in TX) <input type="checkbox"/> Allied (coaching in college, jr. college, university, or out-of-state school) <input type="checkbox"/> Athletic Director (Complimentary if member of THSADA) THSADA Membership Number: _____ <b>(Required)</b> <input type="checkbox"/> Athletic Coordinator <input type="checkbox"/> Associate (not actively coaching/retired) <input type="checkbox"/> Student (any student in college/university pursuing a coaching career)		Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
		Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling
<b>I wish to register for the following:</b>  <input type="checkbox"/> [\$70] <i>Membership ONLY</i> <input type="checkbox"/> Student Membership Only [\$10] <input type="checkbox"/> [\$70] <i>Override Fee – Missed November 1<sup>st</sup> Deadline</i> <i>(This is in addition to your membership fee)</i>		<b>METHOD OF PAYMENT:</b>  Personal Check Number _____ Amount \$ _____ School Check Number _____ Amount \$ _____ Cash/Money Order _____ Amount \$ _____ Bank Name _____ Visa / Master Card / Discover / American Express # _____ Exp: _____ <input type="checkbox"/> if school credit card                      CVC: _____ <i>There is a \$2.50 processing fee per credit card transaction.</i>		
<b>TGCA OFFICE USE ONLY:</b> TID: _____		CC Auth Code: _____		