



TGCA MEMBERSHIP REGISTRATION FORM
 MEMBERSHIP for June 1, 2012 – May 31, 2013
 SUMMER CLINIC - July 10-13, 2012
 ARLINGTON CONVENTION CENTER, ARLINGTON, TX

TGCA PERMANENT MEMBERSHIP NUMBER		<input type="checkbox"/> IF NEW MEMBER <i>NEVER been a TGCA Member before.</i>	
LAST NAME		MAIDEN NAME (IF APPLICABLE)	
FIRST NAME		MIDDLE	
ADDRESS		APT	
CITY		STATE	ZIP
HOME EMAIL			
HOME PHONE	()	CELL PHONE ()	

SCHOOL INFORMATION			
SCHOOL _____		ISD _____	
CONFERENCE 1A[] 2A[] 3A[] 4A[] 5A[]			
SCHOOL PHONE	()	FAX	()
SCHOOL EMAIL			

MEMBERSHIP TYPE (Check one)	COACHING ASSIGNMENTS (Circle all that apply)		
	Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
<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: _____ <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)	Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling

I wish to register for the following: <input type="checkbox"/> Bronze Package [\$50] <i>Membership ONLY</i> <input type="checkbox"/> Gold Package [\$100] <i>Membership & Clinic</i> <input type="checkbox"/> Silver Package [\$50] <i>Clinic Only</i> <input type="checkbox"/> Clinic Late Fee [\$15] <i>After June 15</i> <input type="checkbox"/> Past President (<i>Complimentary</i>) <input type="checkbox"/> Athletic Director & THSADA Member (<i>Complimentary</i>) <input type="checkbox"/> Student Membership Only [\$10] Coaches wishing to attend the Summer Clinic MUST be TGCA members.	METHOD OF PAYMENT: Personal Check Number _____ Amount \$ _____ School Check Number _____ Amount \$ _____ Cash/Money Order _____ Amount \$ _____ Visa / Master Card / Discover ONLY: # _____ Exp: _____ <input type="checkbox"/> if school credit card There is a \$2.50 processing fee per credit card transaction.
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TGCA OFFICE USE ONLY:	CC Auth Code: _____
TID: _____	