

TGCA MEMBERSHIP REGISTRATION FORM

MEMBERSHIP for June 1, 2016 – May 31, 2017

TGCA PER MEMBERSHIP I						$_\ \sqrt{1F}$ NEW MEMBER NEVER been a TGCA Member before.			
FIRST NAME				MAIDEN NAME (IF APPLICABLE)					
LAST NAME					MIDDLE				
ADDRESS						APT			
СІТҮ						STATE ZIP			
HOME EMAIL									
HOME PHONE	() CELL PHONE (())		
SCHOOL INFORMATION									
SCHOOL ISD									
SCHOOL PHONE	() CONFEREI				ENCE 1A	NCE 1A[]2A[]3A[]4A[]5A[]6A[]			
SCHOOL EMAIL									
				COACHING ASSIGNMENTS (Circle all that apply)					
(Check one) Past President (Complimentary lifetime membership)				Varsity Sub-Varsity OR Head Coach Assistant Coach			Junior High Coach		
Active (coaching Allied (coaching i Athletic Director THSADA Mer Athletic Coordin Associate (not ad Student (any stud	tate school) quired)	Baskett Cheerlea Cross Co Golf Socca Softba Swimming Track-F Tenni Volleyt Wrestl	ading buntry f er all j Diving Field is ball	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling		Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling			
I wish to register for the following:				METHOD OF PAYMENT:					
[] [\$60] <i>Membership ONLY</i> [] Student Membership Only [\$10]			Personal Check Number Amount \$ School Check Number Amount \$ Cash/Money Order Amount \$ Bank Name						
TGCA OFFICE USE ONLY: TID: CC Auth Code:									

TEXAS GIRLS COACHES ASSOCIATION

P.O. Box 2137 - Austin, Texas 78768 PH: 512.708.1333 <u>www.austintgca.com</u> FX: 512.708.1325