



TGCA MEMBERSHIP REGISTRATION FORM

MEMBERSHIP for June 1, 2025 – May 31, 2026

TGCA PERMANENT MEMBERSHIP NUMBER		<input type="checkbox"/> IF NEW MEMBER <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	()																																							
SCHOOL INFORMATION																																										
SCHOOL _____ ISD _____																																										
SCHOOL PHONE	()	CONFERENCE 1A [] 2A [] 3A [] 4A [] 5A [] 6A []																																								
SCHOOL EMAIL																																										
MEMBERSHIP TYPE (Check one) <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: _____ (Required) <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)		COACHING ASSIGNMENTS (Circle all that apply) <table border="1"> <thead> <tr> <th>Varsity Head Coach</th> <th>Sub-Varsity OR Assistant Coach</th> <th>Junior High Coach</th> </tr> </thead> <tbody> <tr> <td>Basketball</td> <td>Basketball</td> <td>Basketball</td> </tr> <tr> <td>Cheerleading</td> <td>Cheerleading</td> <td>Cheerleading</td> </tr> <tr> <td>Cross Country</td> <td>Cross Country</td> <td>Cross Country</td> </tr> <tr> <td>Golf</td> <td>Golf</td> <td>Golf</td> </tr> <tr> <td>Soccer</td> <td>Soccer</td> <td>Soccer</td> </tr> <tr> <td>Softball</td> <td>Softball</td> <td>Softball</td> </tr> <tr> <td>Swimming Diving</td> <td>Swimming Diving</td> <td>Swimming Diving</td> </tr> <tr> <td>Track-Field</td> <td>Track-Field</td> <td>Track-Field</td> </tr> <tr> <td>Tennis</td> <td>Tennis</td> <td>Tennis</td> </tr> <tr> <td>Volleyball</td> <td>Volleyball</td> <td>Volleyball</td> </tr> <tr> <td>Water Polo</td> <td>Water Polo</td> <td>Water Polo</td> </tr> <tr> <td>Wrestling</td> <td>Wrestling</td> <td>Wrestling</td> </tr> </tbody> </table>		Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach	Basketball	Basketball	Basketball	Cheerleading	Cheerleading	Cheerleading	Cross Country	Cross Country	Cross Country	Golf	Golf	Golf	Soccer	Soccer	Soccer	Softball	Softball	Softball	Swimming Diving	Swimming Diving	Swimming Diving	Track-Field	Track-Field	Track-Field	Tennis	Tennis	Tennis	Volleyball	Volleyball	Volleyball	Water Polo	Water Polo	Water Polo	Wrestling	Wrestling	Wrestling
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I wish to register for the following: <input type="checkbox"/> [\$70] <i>Membership ONLY</i> <input type="checkbox"/> Student Membership Only [\$10] <input type="checkbox"/> [\$70] <i>Override Fee – Missed November 1st Deadline</i> <i>(This is in addition to your membership fee)</i>		METHOD OF PAYMENT: 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>																																								
TGCA OFFICE USE ONLY: TID: _____ CC Auth Code: _____																																										

TEXAS GIRLS COACHES ASSOCIATION

P.O. Box 2137 - Austin, Texas 78768

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