



TGCA MEMBERSHIP REGISTRATION FORM
 MEMBERSHIP for June 1, 2026 – May 31, 2027
 SUMMER CLINIC - JULY 16 - 18, 2026
 ARLINGTON CONVENTION CENTER – ARLINGTON, TX

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)		COACHING ASSIGNMENTS (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: _____ (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)		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
I wish to register for the following: <input type="checkbox"/> Gold Package [\$135] <i>Membership & Clinic</i> <input type="checkbox"/> Bronze Package [\$70] <i>Membership ONLY</i> <input type="checkbox"/> Silver Package [\$65] <i>Clinic Only*</i> <input type="checkbox"/> Clinic Late Fee [\$15] Begins June 15 <input type="checkbox"/> Student Membership Only [\$10]		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 CSV: _____ <i>There is a \$3.50 processing fee per credit card transaction.</i>		
		*Membership is required to attend Summer Clinic		
TGCA OFFICE USE ONLY: TID: _____		CC Auth Code: _____		