



T. H. S. C. A.

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PLEASE COMPLETE THIS FORM IN ITS' ENTIRETY. INCOMPLETE FORMS WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED. DO NOT LEAVE ANYTHING BLANK.

New Member? Yes No	If you have EVER been a member and do not remember your member number, check here. <input type="checkbox"/>
YOUR PERMANENT MEMBERSHIP #	

DATE OF BIRTH		
Month /	Day /	Year

School year 2009-10

LAST NAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS		APT #
CITY	STATE	ZIP
WORK PHONE	HOME PHONE	
CELL PHONE	EMAIL	
SCHOOL (WHERE EMPLOYED OR ATTENDING)	SCHOOL DISTRICT	CITY

MEMBERSHIP TYPE	
<input type="checkbox"/>	ACTIVE
<input type="checkbox"/>	ALLIED
<input type="checkbox"/>	STUDENT
<input type="checkbox"/>	ASSOCIATE
<input type="checkbox"/>	I am currently a LIFE member

PREVIOUS SCHOOL _____	Athletic Director? Y N
Primary Sport Coached _____	Are You the Head Coach? Y N Junior High/Middle School Coach? Y N
Secondary Sport Coached _____	Are You the Head Coach? Y N Athletic Trainer? Y N

MEMBERSHIP TYPES

ACTIVE - Only coaches of secondary schools and athletic directors in the public school system of the U.I.L. who are actively coaching in Texas.
ALLIED - All individuals who have been active coaching members in the THSCA (retired, etc.) for at least 10 years and those coaches presently employed by colleges, junior colleges, or universities and any out-of-state coach, and those coaching in private or parochial schools in state.
STUDENT - Includes any college or university student who is pursuing a coaching career. Cards will be stamped "NOT FOR ADMISSION".
ASSOCIATE - Available to anyone who wishes to support the THSCA. Associate members will receive a subscription to **Texas Coach** and will have access to member services on the THSCA website. Member card will be stamped "NOT FOR ADMISSION".

All applications will be reviewed and verified and those qualifying for membership will be processed. **No payments will be refunded or returned to any applicant who falsifies his application for membership.**

Payment Information	
Active/Allied Member Fee	\$40.00
Associate Member Fee	\$40.00
Student Member Fee	\$25.00
Total Payment	

SCHOOL: Check _____ Visa _____ Master Card _____ School/ISD _____	CHECK # _____
INDIVIDUAL: Cash _____ Check _____ Visa _____ Master Card _____	
Credit Card Number _____	Exp Date _____
V-Code (last 3 digits on back of card)	Cardholder's Name (print)
Cardholder's Address (if different than above)	
Cardholder's Signature _____	Date _____