

New Member?

T. H. S. C. A.

P. O. Drawer 1138 San Marcos TX 78667-1138 512/392-3741 Fax: 512/392-3762



School year

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

If you have EVER been a member and

DATE OF BIRTH

YOUR PERMANENT MEMBERSHIP #	check here.	er your member number,	Month Da	· /	2010-11 ONLY 009-10 log onto www.thsca.com	
LAST NAME		FIRST NAME		MIDDLE NAME	MEMBERSHIP	
LAST NAME FIRS		FIRST NAIVIE	NAME MIDDLE NAME		TYPE	
HOME ADDRESS			APT# ACTIVE			
CITY STAT		STATE	E ZIP		ALLIED	
WORK PHONE	RK PHONE		HOME PHONE		STUDENT	
					ASSOCIATE	
CELL PHONE	EMAIL	EMAIL		I am currently		
SCHOOL (WHERE EMPLOYED	OR ATTENDING)	SCHOOL DISTRIC	T	CITY	a LIFE member	
PREVIOUS SCHOOL		_		Athletic	Director? Y N	
Primary Sport Coached		Are You the	Are You the Head Coach? Y N		ligh/Middle School Coach? Y N	
Secondary Sport Coached		Are You the	Head Coach? Y	N Athletic	Trainer? Y N	
MEMBERSHIP TYPES						
access to member services	anyone who wishes to so on the THSCA website wed and verified and the	support the THSCA. A e. Member card will b nose qualifying for me	Associate members e stamped "NOT Fo	will receive a subscri OR ADMISSION".	ption to Texas Coach and will have	
7				COACHES LIAB	ILITY INSURANCE CRITERIA	
Payment Information Active/Allied Member Fee	I \$40.00				ct 9-1-2010 through 8-31-2011. Policies	
Associate Member Fee	\$40.00			purchased after 9/1/2010 will commence coverage as of the payment received date. This insurance policy is not retroactive. * You must be a coach or athletic director employed by an accredited educational institution within the state of Texas. This		
Student Member Fee	\$25.00					
Coaching School Tuition		After July 2, \$45,00 insurance is not available to Associate or Student members.				
Student Tuition	\$20.00 Aiter Sury 2-	ψ43.00		Your THSCA membership must be current for the 2010-11 school year to be eligible to purchase this policy. If you choose to purchase this insurance policy and do not		
THSCA Liability Insurance*	\$39.00 (Check eligibil	lity criteria) ⊏>	* !			
NO ADVANCED TUITION ACCEPTED AFTER J	ON PAYMENTS Total	,	* /	Annual Premium \$29.00,	bility, this policy will not be valid. State Taxes & Fees (4.91%) \$1.42, ve Fee \$8.58 (Total Fee: \$39.00).	
SCHOOL: Check	Visa Master Ca	ard School/ISI)		CHECK #	
SCHOOL: Check Visa Master Card School/ISD 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 S	ignature			
Cardholder's Address (if dif	ferent than above)			ate		