				T
THSC		A ID #:		FOR OFFICE USE ONLY:
	I CAN	I'T REMEMBER MY ID NU	MBER	
	I I'VE N	NEVER BEEN A MEMBER	BEFORE	
TEXAS HIGH SCHOOL COACHES ASSOCIATION & COACHES EDUCATION FOUNDATION DATE COACHES EDUCATION FOUNDATION GENDE		OF BIRTH:		
		R: M F		
P.O. DRAWER 1138, SAN MARCOS, TX 78667 512.392.3741 OFFICE 512.392.3762 FAX		CONT	ACT & SC	HOOL INFORMATION
512.392.3741 OFFICE 512.392.3762 FAX			// 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 	HOOL IN ORMATION
LAST NAME FIRST N		AME MIDDLI		DLE NAME
PREFERRED MAILING ADDRESS		APARTMENT/UNIT #		
CITY	STATE	ZIP		BILE PHONE
	Email Updates	& Reminders.		
PREFERRED EMAIL ADDRESS		PREVIC	PREVIOUS SCHOOL WHERE EMPLOYED (IF APPLICABLE)	
CURRENT SCHOOL (WHERE EMPLOYED C	SCHOOL CITY	SCHOOL CITY SCHOOL DISTRICT		
CORREINT SCHOOL (Where EMPLOYED C	SCHOOL CHT	SCIN	JOE DISTRICT	
SUPERVISOR'S NAME & TITLE (FOR EMPLOYME		NT VERIFICATION) WORK PHONE		RK PHONE
·	LY COACHING:			
ATHLETIC DIRECTOR 1.		HIGH SCF	HOOL JUNIOR H	IGH HS HEAD COACH BOYS GIRLS
athletic coordinator 2.			HOOL JUNIOR H.	IGH HS HEAD COACH BOYS GIRLS
ATHLETIC TRAINER				
RETIRED FROM EDUCATION 3.		☐ HIGH SCF		
The annual membership term runs from July 1st through June 30th of the following year, congruent with each school year. A portion of every membership fee goes to the THSCEF as an education fee.				
PROFESSIONAL MEMBERSHIP - \$70				
Shall include all coaches and athletic administrators employed at a school in Texas under the direction of the University Interscholastic League.		INDIVIDUAL OR SCHOOL(SCHOOL/ISD NAME:)		
RETIRED MEMBERSHIP - \$70		1		,
Shall include all members in good standing of the THSCA, who have completed their coaching career and are no longer employed by an educational institution of any kind.		CASH CH	ECK #	
STUDENT MEMBERSHIP - \$30 Shall include any individual actively pursuing their teaching certification & a career in coaching.		VISA	Jaster Card DISC V	(PLEASE MAKE CHECKS PAYABLE TO THSCA)
AFFILIATE MEMBERSHIP - \$70		CREDIT CARD NUMBER		
Shall include all coaches and athletic administrators employed at a Private, Parochi all College/University employees, and all those individuals wishing to support the ef	al, or out of state school,	EXP DATE	CVV-CODE (Last 3 Digits o	on the back) DATE
If purchasing membership, select how you would like your included Texas Coach magazine sub	scription delivered	LAF DATE	SVV CODE (Last 3 Digits 0	are soony
SELECT OTHER FEES:		CARDHOLDER'S ADDRESS (IF DIFF	FERENT THAN ABOVE) STREE	TADDRESS
BENVOLENCE FUND DONATION \$5 (Increments) (THSCA MEMBER DONATION)		CITY, STATE		ZIP CODE
POLITICAL ACTION COMMITTEE- \$5 (Increments)		CARDHOLDER'S NAME (PRINT)		CARDHOLDER'S SIGNATURE
(THSCA MEMBER DONATION) PROFESSIONAL LIABILITY INSURANCE \$58 See Eligibility Requirements for THSCA Professional Liability Insurance Coverage to the right**				
See Engining requirements on Tribus Professional Enginity insurance C	overage to the right	**2022-2023 COACHES LIABILITY INSURA		
TOTAL AMOU	NT DUE	must be a coach, athletic trainer, or athletic state of Texas. Your THSCA membership	c director, including classroom duties must be current for the 22-23 school ibility, this coverage will not be valid.	commence on the payment received date. This coverage is not retroactive. You s, for an accredited secondary school, college, junior college or university within the I year to be eligible to purchase this coverage. If you choose to purchase this (Annual Premium \$52.00; State Taxes & Fees (4.925%) \$2.56; Association Admin.