



THSCA ID #: I CAN'T REMEMBER MY ID NUMBER
 I'VE NEVER BEEN A MEMBER BEFORE

DATE OF BIRTH: ____ / ____ / ____ GENDER: M F

FOR OFFICE USE ONLY:

P.O. DRAWER 1138, SAN MARCOS, TX 78667
 512.392.3741 OFFICE info@thsca.com

CONTACT & SCHOOL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PREFERRED MAILING ADDRESS _____ APARTMENT/UNIT # _____

CITY _____ STATE _____ ZIP _____ MOBILE PHONE _____

PREFERRED EMAIL ADDRESS _____ PREVIOUS SCHOOL WHERE EMPLOYED (IF APPLICABLE) _____

CURRENT SCHOOL (WHERE EMPLOYED OR ATTENDING) _____ SCHOOL CITY _____ SCHOOL DISTRICT _____

I agree to receive THSCA Email Updates & Reminders. I agree to receive SMS Messaging from THSCA.

WORK PHONE _____

CHECK ALL THAT CURRENTLY APPLY:	SPORTS YOU ARE CURRENTLY COACHING:
<input type="checkbox"/> ATHLETIC DIRECTOR	1. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HS HEAD COACH <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS
<input type="checkbox"/> ATHLETIC COORDINATOR	2. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HS HEAD COACH <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS
<input type="checkbox"/> ATHLETIC TRAINER	3. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HS HEAD COACH <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS
<input type="checkbox"/> RETIRED FROM EDUCATION	

The THSCA membership year will run from July 1st to June 30th of the following year, congruent with UIL and academic calendars. A portion of every membership fee goes to the THSCEF as an education fee. Applications submitted for individuals who are not current members of the THSCA, will be issued a membership for the CURRENT year, and given immediate access to THSCA online member services. The membership fee will NOT be pro-rated. If the applicant already has a current membership when submitting this application, the fee will be considered a renewal and be applied for the upcoming membership year.

1. SELECT MEMBERSHIP TO PURCHASE:	2. COACHING SCHOOL OPTIONS:	REMINDER: Membership, Insurance, & Coaching School Registration Payments can be completed online in the THSCA Member Portal. Scan here to Log-in/Setup your Account today. >>>
PROFESSIONAL MEMBERSHIP - \$70 <small>Shall include all coaches and athletic administrators employed at a school in Texas under the direction of the University Interscholastic League. (\$90 after 10/15/2023)</small>	REGISTRATION \$60 If paid by 6/1. \$75 If paid between 6/2 - 7/1. NO REFUNDS OR TRANSFERS ACCEPTED AFTER JULY 1ST. <small>On-site Registration fee will be \$90 per person.</small>	
AFFILIATE MEMBERSHIP - \$70 <small>Shall include all coaches and athletic administrators employed at a Private, Parochial, or out of state school, all College/University employees, & individuals wishing to support the THSCA. (\$90 after 10/15/2023)</small>	STUDENT REGISTRATION - \$25 HALL OF HONOR TICKET - \$55	
RETIRED MEMBERSHIP - \$70 <small>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.</small>	3. OTHER ITEMS:	
STUDENT MEMBERSHIP - \$30 <small>Shall include any individual actively pursuing a teaching certification & a career in coaching.</small>	BENEVOLENCE FUND DONATION <small>(THSCA MEMBER DONATION) - \$5 (Increments)</small>	
ALL THSCA Memberships include a subscription to Texas Coach magazine, please select your preferred method of delivery:	POLITICAL ACTION COMMITTEE <small>(THSCA MEMBER DONATION) - \$5 (Increments)</small>	
<input type="checkbox"/> MAIL ME A COPY <input type="checkbox"/> EMAIL DELIVERY	PROFESSIONAL LIABILITY INSURANCE-\$58 <small>See Eligibility Requirements for Professional Liability Insurance Coverage**</small>	
PAYMENT SUBMITTED BY	TOTAL AMOUNT DUE:	**2023-2024 COACHES PROFESSIONAL LIABILITY INSURANCE CRITERIA** <small>Coverage effect 7/1/23 through 6/30/24. Coverage purchased after 7/1/23 will commence on the payment received date. This coverage is not retroactive. You must be a Coach, Athletic Trainer or Athletic Director for an accredited secondary school, college, junior college or university, within the state of Texas. Coverage also applies to classroom duties. Your THSCA membership must be current for the 23-24 school year to be eligible to purchase this coverage. If you choose to purchase this coverage & do not meet the criteria for eligibility, this coverage will not be valid. (Annual Premium \$53.00; State Taxes & Fees (4.925%) \$2.61; Association Admin. Fee \$2.39; TOTAL 23-24 Renewal Premium: \$58.00)</small>



INDIVIDUAL OR SCHOOL (SCHOOL/ISD: _____) EXP DATE _____ CVV-CODE (Last 3 Digits on the back) _____

CASH CHECK # _____ CARDHOLDER'S ADDRESS (IF DIFFERENT THAN ABOVE) STREET ADDRESS _____

VISA MasterCard DISCOVER NETWORK AMERICAN EXPRESS (PLEASE MAKE CHECKS PAYABLE TO THSCA) CITY, STATE _____ ZIP CODE _____

CREDIT CARD NUMBER _____ CARDHOLDER'S NAME (PRINT) _____ CARDHOLDER'S SIGNATURE _____