



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

FOR OFFICE USE ONLY:

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER:  M  F

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 1<sup>st</sup> to June 30<sup>th</sup> of the following year, congruent with UIL and academic calendars. A portion of every membership fee goes to the THSCF 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.

Membership, & Insurance payments can be completed online in the THSCA Member Portal. Scan here to Log-in/Setup your Account today. >>>



### SELECT MEMBERSHIP FEES:

<b>PROFESSIONAL MEMBERSHIP - \$90</b> Shall include all coaches and athletic administrators employed at a school in Texas under the direction of the University Interscholastic League.
<b>AFFILIATE MEMBERSHIP - \$90</b> Shall include all coaches and athletic administrators employed at a Private, Parochial, or out of state school, all College/University employees, and individuals wishing to support the THSCA.
<b>RETIRED MEMBERSHIP - \$70</b> 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.
<b>STUDENT MEMBERSHIP - \$30</b> Shall include any individual actively pursuing their teaching certification & a career in coaching.

If purchasing membership, select how you would like your included Texas Coach magazine subscription delivered...

MAILED  VIA E-MAIL

### SELECT OTHER FEES:

<b>BENEVOLENCE FUND DONATION</b> (THSCA MEMBER DONATION) - \$5 (Increments)
<b>POLITICAL ACTION COMMITTEE</b> (THSCA MEMBER DONATION) - \$5 (Increments)
<b>PROFESSIONAL LIABILITY INSURANCE \$58</b> See Eligibility Requirements for THSCA Professional Liability Insurance Coverage to the right**

### PAYMENT SUBMITTED BY:

INDIVIDUAL OR  SCHOOL (SCHOOL/ISD NAME: \_\_\_\_\_)

CASH  CHECK # \_\_\_\_\_

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS (PLEASE MAKE CHECKS PAYABLE TO THSCA)

CREDIT CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_ CVV-CODE (Last 3 Digits on the back) \_\_\_\_\_ DATE \_\_\_\_\_

CARDHOLDER'S ADDRESS (IF DIFFERENT THAN ABOVE) STREET ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CARDHOLDER'S NAME (PRINT) \_\_\_\_\_ CARDHOLDER'S SIGNATURE \_\_\_\_\_

**TOTAL AMOUNT DUE**

**\*\*2023-2024 COACHES PROFESSIONAL LIABILITY INSURANCE CRITERIA\*\*** 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)