



MEMBERSHIP APPLICATION

For further information, call 913/236-8311 or go to www.nhsgca.org

First Name _____ M.I. _____ Last Name _____ Suffix: _____
(Jr., III, etc.)

Title: _____

School or Organization _____

Office Address _____

City _____ State _____ Zip _____

Office Phone (_____) _____ Home Phone (_____) _____

Fax Phone (_____) _____ E-mail _____

Home Address _____

City _____ State _____ Zip _____

Preferred Mailing Address: Home School/Organization

State coaches association members, list association name _____

Referred By _____, **current NHSGCA member**

Membership Type	Description	Regular Membership	Charter Member Renewal
Active	High school head or assistant golf coaches	\$30	\$25
Associate	Individuals interested in supporting high school golf	\$20	\$15
State Coaches Association	Member of a general or golf state coaches association	\$15	
Affiliate	Organizations, institutions or businesses	\$85	

TOTAL AMOUNT ENCLOSED: \$ _____ (payment by personal, school/district, business or cashier's check only.
Renewal date is established by date application is received.)

The NHSGCA studies diversity among our membership. In this regard, a database has been instituted with information from our membership. We appreciate your completion of this section so we may better serve our membership.

Please check:

- African American Alaskan Native American Indian Asian Caucasian Hispanic Multicultural Pacific Islander

Total Years Coaching _____ I work primarily in : High School Jr. High/Middle College Elementary

I am Head Coach Assistant Coach for Boys Girls Both Playing Season for Golf: Fall Spring

I coach the following sports (check as many as apply):

- Baseball Basketball Cross Country Field Hockey Football Golf Gymnastics Ice Hockey Lacrosse Soccer Softball Swimming/Diving Tennis Track & Field Volleyball Wrestling Other (please list _____)

Mail Application Form and Fee to:
NHSGCA, 6740 Antioch, Suite 250, Merriam, KS 66204-1261

For Office Use Only

Membership ID _____

Payment Info _____