

NATIONAL HIGH SCHOOL GYMNASTICS ASSOCIATION

MEMBERSHIP APPLICATION

Name:	Year (season) Applying For 2020	
Home Address:		
City, ST, ZIP		<u> </u>
Preferred Phone: ()	Fax: (_)
**E-Mail:address is important as we will try	to send out most com	PLEASE write clearly, e-mail munications through e-mail.
High School Name:		
Are you: Head Coach: Assistant Other:	t Coach: USA Judg	ge: NFHS Judge:
Membership Type Applying For:		
has had a minimum of 5 years coach a voting member. Professional Member: Other profesan involvement in High School gympudges, certified officials, technician actively involved in High School gybe counted individually at ½ value of Associate Member: Any person of eligible to become and associate memorporation.	essionals, who have a stromastics may become properties and other individuals with a vote of a Active Merital integrity, working with mber. Associate member and your \$25.00 mem	or interested in gymnastics shall be ers shall have no voting rights in the nbership fee to:
Patrick Simon		
NHSGA Sec/Treasurer 105 Wilcox Road	Payment meth	nod:
Milford, CT 06460	If by check, ch	neck #:
participate in the election); submit the Rankings; have a gymnast compete at	ach to: pership application must be athletes and teams for a the NHSGA Senior Show periodic newsletters; atter Calendars and Yearbook	wcase; coach a gymnast at the NHSGA end and have a voice at the annual NHSGA as (via pdf on line).
Have you ever been denied membersh Have you ever been convicted of a felo		
Signature:		