

2024-25 Texas Math & Science Coaches Association Membership

Print or type all information. Email membership form to: execsectmsca@gmail.com or mail to TMSCA, PO Box 206, Olney, TX 76374-0206 or fax 940-563-1006.

() School \$50 (pays for four members) () Associate \$15 () Retired, complimentary N/C

If mailing your membership include either a check or a PO number; if emailing or completing an online membership form, enter PO _____

You must designate a PRIMARY CONTACT.

This is the person responsible for maintaining school information in the on-line database and registering students for TMSCA meets through the on-line system.

In addition, duties include receiving email invoices and directing them to appropriate source for payment.

* Indicates information required for processing membership. Email address will be published in the TMSCA directory, but phone numbers remain confidential.

*PRIMARY CONTACT 1 _____ *Contact Phone _____ *Email _____

Additional Coach 2 _____ *Contact Phone _____ *Email _____

Additional Coach 3 _____ *Contact Phone _____ *Email _____

Additional Coach 4 _____ *Contact Phone _____ *Email _____

*School Name _____ * **School District** _____ *School Phone _____

*School Address _____ *School City _____ *Zip _____ Fax _____

* Fill in: UIL Classification (1A, 2A, 3A, 4A, 5A, 6A) _____ * UIL Region (I, II, III, IV) _____ UIL District Number _____ OR Non-UIL School _____

Grade Level(s) on your campus: _____ For coaches of junior high/elementary schools, fill in the information on the line below:

*HIGH SCHOOL YOUR STUDENTS SHOULD ATTEND ACCORDING TO YOUR DISTRICT FEEDER PLAN : _____

(The above information required to determine the classification of your MS/EL school)

Memberships valid from July 1 through June 30 annually. Renewal for the new year must be submitted by 11/30 of each year for continuous membership.

FOR OFFICE USE ONLY – School Tag:

Order Method: Email Fax Mail Delivery Method of Membership Cards: USPS Email
Date of Delivery: _____ Processed By: _____ Invoiced to: _____ Date: _____

INVOICE #: