

NATIONAL HIGH SCHOOL GYMNASTICS ASSOCIATION

MEMBERSHIP APPLICATION

Name:	Year (season) Applying For 2020
Home Address:	
City, ST, ZIP	
Preferred Phone: ()	
	PLEASE write clearly.
High School Name:	
Are you: Head Coach: Assistant Coach Other:	: USA Judge: NFHS Judge:
Membership Type Applying For: Floor Coach" for SSI	Must be Active Member to be "On
professional members. This may include just who have an area of expertise and are active activities. Votes for these members will be Member. Associate Member: Any person of integrical eligible to become and associate member. A corporation. Send completed form and in the second se	nvolvement in High School gymnastics may become adges, certified officials, technicians and other individuals ely involved in High School gymnastics programs and counted individually at ½ value of a vote of an Active ty, working with or interested in gymnastics shall be Associate members shall have no voting rights in the your \$25.00 membership fee to: ociation of 15 or more members submitted at once)
Patrick Simon	
NHSGA Sec/Treasurer 105 Wilcox Road	Check Number:Check made out to NHSGA
participate in the election); submit their athlet Rankings; have a gymnast compete at the NH	application must be postmarked before April 1 st) in order to tes and teams for All-American Honor and National ISGA Senior Showcase; coach a gymnast at the NHSGA ic newsletters; attend and have a voice at the annual NHSGA lars and Yearbooks (via pdf on line). Pership you are applying for. The USA gymnastics? Yes No
Signature:	Revised 3/31/17