

## NATIONAL HIGH SCHOOL GYMNASTICS ASSOCIATION

## MEMBERSHIP APPLICATION

Name:	Year (season) Applying For 20
Home Address:	Fill this in please
City, ST, ZIP	
Preferred Phone: ()	
**E-Mail:	PLEASE write clearly.
High School Name:	
Position: Head Coach Assistant	Coach: USA Judge: NFHS Judge:
Membership Type Applying For:	
	Must be Active Member to be "On Floor Coach" for SSI
commitment to, participate in and have professional members. This may include who have an area of expertise and are activities. Votes for these members we Member.  Associate Member: Any person of intelligible to become and associate memocorporation.  Send completed form	sionals, with 4 or less years of coaching, who have a strong re an involvement in High School gymnastics may become ude judges, certified officials, technicians and other individuals actively involved in High School gymnastics programs and will be counted individually at ½ value of a vote of an Active integrity, working with or interested in gymnastics shall be aber. Associate members shall have no voting rights in the and your \$25.00 membership fee to: te association of 15 or more members submitted at once)
Patrick Simon	te association of 15 of more memoers submitted at once;
NHSGA Sec/Treasurer	Payment method:
105 Wilcox Road	Check made out to NHSGA or
Milford, CT 06460	If by check, check #: Made to NHSGA
participate in the election); submit their Rankings; have a gymnast compete at t Senior Showcase Invitational; receive preeting, receive yearly All American C Remember to write in the type of m	ch to:  ership application must be postmarked before April 1 <sup>st</sup> ) in order to  eathletes and teams for All-American Honor and National the NHSGA Senior Showcase; coach a gymnast at the NHSGA periodic newsletters; attend and have a voice at the annual NHSGA Calendars and Yearbooks (via pdf on line).
Have you ever been convicted of a felo	ny? Yes No
Signature:	Revised 12/27/2022