

Northern California Women's Gymnastics Association

2018-2019 MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION CLEARLY

TODAY'S DATE

NAME OF INDIVIDUAL

TITLE

CLUB NAME

USA GYMNASTICS CLUB NUMBER

MAILING ADDRESS (TO BE USED FOR ALL NCWGA MAILINGS AND MEMBERSHIP ROSTER)

CITY

STATE

ZIP CODE

COUNTY

ZONE NUMBER (TO BE ASSIGNED FOR FIRST-TIME MEMBERS)

WORK (GYM) PHONE NUMBER

HOME PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

WEB SITE

GYM ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

FULL VOTING MEMBERSHIP (valid for September 1, 2018-August 31, 2019) - \$100

- \$100 IF PAID ON OR BEFORE JULY 31 TO YOUR ASSIGNED ZONE REPRESENTATIVE
- **ADD \$12 PER COMPETITIVE GYMNAST (LEVELS 2 THROUGH 10, AND ALL XCEL DIVISIONS)**
- INDIVIDUAL MEMBERSHIP FEES AND A CLUB ROSTER MUST BE SENT TO YOUR ZONE REPRESENTATIVE BEFORE THE GYMNASTS BEGIN COMPETITION.
- ADD \$25 AFTER JULY 31 (NOT APPLICABLE FOR FIRST-TIME MEMBERS)
- FULL VOTING MEMBERS RECEIVE ALL NOR-CAL MAILINGS AND HAVE FULL VOTING PRIVILEGES FOR ALL NOR-CAL MATTERS.

ASSOCIATE MEMBERSHIP (valid for September 1, 2018-August 31, 2019) - \$30

- \$30 IF PAID ON OR BEFORE JULY 31.
- ASSOCIATE MEMBERS ARE NON-VOTING MEMBERS, AND WILL BE LISTED IN THE OFFICIAL DIRECTORY.
- ASSOCIATE MEMBERSHIPS CAN BE UPGRADED TO FULL VOTING STATUS WITH A \$70 PAYMENT WITHIN THE SAME FISCAL YEAR.

CHECK ONE OF THE ABOVE MEMBERSHIP OPTIONS.

ASSISTANT COACHES, BOOSTER CLUB MEMBERS, OR OTHER ARE ENCOURAGED TO BECOME ASSOCIATE MEMBERS.

I will abide by the rules in the NOR-CAL Handbook and those adopted by the membership.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

AMOUNT ENCLOSED

MAKE CHECKS PAYABLE TO NOR-CAL. SEND THIS FORM AND PAYMENT TO YOUR ZONE REPRESENTATIVE.