

# 2025-2026 Texas Math & Science Coaches Association Membership

Print or type all information. Email membership form to: [execsectmsca@gmail.com](mailto: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 #: