

CENTRAL TEXAS FOOTBALL CHAPTER MEMBERSHIP APPLICATION

Date Paid:	Amount: \$	Cash:	Check #:
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Have you ever been a member of TASO in the past for any sport? YES ____ NO ____

PLEASE PRINT CLEARLY - ALL FIELDS REQUIRED

FIRST NAME	MIDDLE NAME

LAST NAME	DATE OF BIRTH								
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TASO ID #								
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SOCIAL SECURITY NUMBER										
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HOME PHONE NUMBER (Include Area Code)

WORK PHONE NUMBER (Include Area Code)

CELL PHONE NUMBER (Include Area code)

ALTERNATE PHONE NUMBER (Include Area code)

PRIMARY EMAIL ADDRESS (This is the email address you normally check frequently)

ALTERNATE EMAIL ADDRESS (This can be your work email address or one that you get on your phone)

HOME ADDRESS (Provide physical address, not PO Box)

CITY	ZIP								
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1. I understand that joining this chapter, signing this membership application and paying local dues dos NOT guarantee me any assignments. I will be assigned games based on availability and/or evaluated skill level.
2. I understand that I am required to abide by all Central Texas Football Chapter Policies as oulined in the Chapter Constitution and By-Laws and that failure to do so could result in disciplinary actions in accordance with the Chapter Constitution and By-Laws and/or dsmissal from the chapter.
3. I will immediately report to the chapter Board of Directors any change in status regarding any offense for which I am arrested, charged, or convicted for any state or federal misdemeanor or felony offense during the current school year.
4. I certify that the information provided on this application is true to best of my knowledge and that any false information provided voluntarily may result in an immediate dismissal with total forfeiture of paid dues.

APPLICANT SIGNATURE	DATE

For Official Use Only

ZEBRA-WARE: _____	RECEIPT EMAILED: _____	TASO MEMBERSHIP VERIFIED: _____
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