

# Northern California Women's Gymnastics Association

## MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION CLEARLY

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
NAME OF INDIVIDUAL

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
CLUB NAME

\_\_\_\_\_  
USA GYMNASTICS CLUB/NGA 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

\_\_\_\_\_  
CELL PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
WEB SITE

\_\_\_\_\_  
GYM ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

**FULL VOTING MEMBERSHIP (valid for September 1-August 31) - \$100**

- \$100 IF PAID ON OR BEFORE AUGUST 31 TO YOUR ASSIGNED ZONE REPRESENTATIVE OR USE THE ONLINE REGISTRATION
- **ADD \$12 PER COMPETITIVE GYMNAST (LEVELS 2 THROUGH 10, ALL XCEL LEVELS, AND ALL NGA LEVELS)**
- INDIVIDUAL MEMBERSHIP FEES AND A CLUB ROSTER MUST BE SENT TO YOUR ZONE REPRESENTATIVE BEFORE THE GYMNASTS BEGIN COMPETITION.
- **ADD \$25 AFTER AUGUST 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-August 31) - \$30**

- \$30 IF PAID ON OR BEFORE AUGUST 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.

# *Northern California Women's Gymnastics Association*

## CLUB ROSTER

DATE \_\_\_\_\_

CLUB NAME \_\_\_\_\_ USA GYMNASTICS CLUB NO. \_\_\_\_\_ ZONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NO.	GYMNAST	USAG/NGA NO.	LEVEL	BIRTHDATE	U.S. CITIZEN?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

***Send this form, or one with the same information, along with the \$12 per individual if paid prior to July 31 for Fall Athletes and December 31 for Spring Athletes and \$15 per individual if paid after those dates. Send membership fees to your Zone Representative or Register Online at <https://norcalgym.org/>.***