CENTRAL TEXAS FOOTBALL CHAPTER MEMBERSHIP APPLICATION ~ 2018 SEASON ~

PLEASE PRINT CLEARLY! All members are required to sign the form!

Date Paid:

RETURNING MEMBERS: PROVIDE NAME AND CHANGES TO INFO ONLY. NEW MEMBERS: FILL OUT ENTIRE FORM

	ave you ever officia , please provide TA	J			ear? 🗌 YES	□ NO	
First Name:		Last Name:			DOB (DD/MI	M/YEAR):	
TASO ID	#:		Full SSN:				
(Include Area Codes for al	Phone Numbers)						
Home Phone:			Cell Phone:				
Work	Phone:		Alternate Phon	e:			
Home Address:				Email:			
Address:							
City, State, Zip:							
BY signing this form, I ce applications. PLEASE RI				erstand tha	t TASO may ve	erify all or any	portion of this
1. I understand that joining be assigned games based		-		ıying local dı	ues dos NOT gu	uarantee an ass	ignment(s). I will
2. I understand that I am re and By-Laws and that failu dismissal from the chapter.	re to do so could res			•		•	
3. I will immediately report convicted for any state or fe						ch I am arrested	d, charged, or
4. I certify that the informat may result in an immediate	•	• •	•	vledge and t	hat any false in	formation provid	led voluntarily
Member's S	ignature:			Date:			
	FO	R CHAPTER AD	MINISTRATIV	/E USE ON	NLY!		
Datebase Entry:		Receipt Mailed:		-	ΓASO Members	hip Verified:	

Cash

Check:

MO:

Amount: \$