Northern California Women's Gymnastics Association 2020-2021 MEMBERSHIP APPLICATION PLEASE PRINT ALL INFORMATION CLEARLY

			TODAY'S DATE
AME OF INDIVIDUAL		TITLE	
.UB NAME			USA GYMNASTICS CLUB NUMBER
AILING ADDRESS (TO BE USED FOR ALL N	CWGA MAILINGS AND MEMBERSHIP ROST	ER)	
TY		STATE	ZIP CODE
UNTY		ZONE NUMB	EER (TO BE ASSIGNED FOR FIRST-TIME MEMBERS)
DRK (GYM) PHONE NUMBER	HOME PHONE NUMBER		FAX NUMBER
MAIL ADDRESS		WEB SITE	
M ADDRESS (IF DIFFERENT)			
Y		STATE	ZIP CODE
ULL VOTING MEMBERSH \$100 IF PAID ON OR BEFORE JU ADD \$12 PER COMPETITIVE G' INDIVIDUAL MEMBERSHIP FEE BEGIN COMPETITION. ADD \$25 AFTER JULY 31 (NOT A FULL VOTING MEMBERS RECEI	PPLICABLE FOR FIRST-TIME MEMBEI VE ALL NOR-CAL MAILINGS AND HA	RESENTATIVE ID ALL XCEL DIVI T TO YOUR ZONE RS) VE FULL VOTING	SIONS) REPRESENTATIVE BEFORE THE GYMNASTS PRIVILEGES FOR ALL NOR-CAL MATTERS.
FULL VOTING MEMBERSH • \$100 IF PAID ON OR BEFORE JU: • ADD \$12 PER COMPETITIVE G: • INDIVIDUAL MEMBERSHIP FEE BEGIN COMPETITION. • ADD \$25 AFTER JULY 31 (NOT A: • FULL VOTING MEMBERS RECEIVANCE MEMBERS RECEIVANCE MEMBERSHIP • \$30 IF PAID ON OR BEFORE JUL	LY 31 TO YOUR ASSIGNED ZONE REPYMNAST (LEVELS 2 THROUGH 10, AND SEARCH AND A CLUB ROSTER MUST BE SENT APPLICABLE FOR FIRST-TIME MEMBER OF ALL NOR-CAL MAILINGS AND HA	RESENTATIVE ID ALL XCEL DIVI T TO YOUR ZONE RS) VE FULL VOTING LUGUST 31, 2021	SIONS) REPRESENTATIVE BEFORE THE GYMNASTS PRIVILEGES FOR ALL NOR-CAL MATTERS. - \$30
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