2022 T.A.A.F. MEMBERSHIP APPLICATION

Affiliate

The dues for a private facility, community education agency or organization (excluding any program sponsored or co-sponsored by any municipality) are one hundred dollars ($100.00) per sport yearly.
(With a maximum of $300.00)

Region: _____ **Amount enclosed: $** _____

Membership Name: _____

Address: _____

Membership for what sport: _____

☐ **I agree that if the affiliate membership for this organization is approved, that my organization will comply with the following:**

1. **Register all teams within this sport participating with this organization. Failure to completely register all teams may result in all funds paid being kept by T.A.A.F. and organizations teams being prohibited from advancing in T.A.A.F. post season play (i.e. regionals & state competition).**
2. **That this organization will be responsible for this organizations administrators, coaches, players and parents behaviors and will not tolerate inappropriate behavior or cheating.**
3. **That ALL coaches within organization that will attend TAAF meets, tournaments, participate, etc. have passed the TAAF Youth Sports Affiliate background check. Go to www.taaf.com/background-check**

_____ _____
Signature **Printed Name & Title**

SHIPPING ADDRESS: (NO P.O. BOX PLEASE - REQUIRES A STREET ADDRESS)

Address: _____

City: _____ **Zip:** _____

Member's contact person: (contact person being the person who is responsible for receiving mailings and handling billings)

_____ **Title** _____

E-Mail Address: _____ **Website Address:** _____

Phone: (Business): _____ **Fax:** _____

Mailing Address: _____

City: _____ **Zip:** _____

 # years of Service with TAAF: _____

STAFF TO BE LISTED IN T.A.A.F. DIRECTORY: SEE REVERSE OF APPLICATION

For T.A.A.F. Office Use Only: Amount $_____ **CK#**_____ **Date**_____

Return to:

T.A.A.F., P.O. Box 1789, Georgetown, TX 78627-1789
512 863-9400 Fax: 512 869-2393 Website: www.taaf.com
Email: taafstateoffice@gmail.com

Staff listings for directory
(Parks & Recreation Department members, please list your director)

Name _____

Title _____

years service with TAAF _____

Addresses:

Email _____

Mailing_____

CSZ _____

Phone #_____

Fax # _____

Name _____

Title _____

years service with TAAF _____

Addresses:

Email _____

Mailing_____

CSZ _____

Phone #_____

Fax # _____

Name _____

Title _____

years service with TAAF _____

Addresses:

Email _____

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CSZ _____

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years service with TAAF _____

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Fax # _____

Name _____

Title _____

years service with TAAF _____

Addresses:

Email _____

Mailing_____

CSZ _____

Phone#_____Fax#_____

Name _____

Title _____

years service with TAAF _____

Addresses:

Email _____

Mailing_____

CSZ _____

Phone#_____Fax#_____