



texas greyhound association

Please **print** or **type** the following information: DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY CONTACT #: (____) _____ **SECONDARY CONTACT #:** (____) _____

EMAIL: _____

Are you a member of the National Greyhound Association? **Yes No**

Approximately what day did you become a permanent resident of Texas? _____

As of the date of this application, do you have/or have had, one or more greyhounds registered with the NGA? **Yes No**

As of this date, are you 18 years of age or older? **Yes No**

Signature

CHECK THE APPROPRIATE STATUS:

VOTING MEMBER # # # # #

Must be a voting member in good standing with the #
NGA; reside in Texas; *must have been a member of* #
the TGA for at least 60 days prior to the elections; #
must have registered one or more greyhounds with #
the NGA.

NON-VOTING MEMBER (Category I)#

Must be in good standing with the NGA and
have registered at least one greyhound with the
NGA.

ASSOCIATE MEMBER # # # # #

#

NON-VOTING MEMBER (Category II)#

RETURN TO: TEXAS GREYHOUND ASSOCIATION
PO BOX 40 * LORENA, TX * 76655-0040
(254) 857-4377— (Call or Text)

EMAIL: khayes@tgagreyhounds.com * **Website:** www.tgagreyhounds.com

For membership to be considered, all information requested in this application must be furnished. The falsification of any information in your application may be considered grounds for rejection or dismissal of TGA membership.