

# TNBA JUNIOR PROGRAM

## Membership Card Processing Form

Please return this form with your league certification applications

To TNBA Junior Program Director

Senate \_\_\_\_\_

League (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coach/Coordinator \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please indicate your preference:

\_\_\_\_\_ Issue actual membership cards

\_\_\_\_\_ DO NOT issue membership cards. The league certification application copy will be okay.

**PLEASE RETURN THIS FORM WITH YOUR  
LEAGUE CERTIFICATION APPLICATION(S) TO**

**Veronica Green, Director  
TNBA Junior Program  
P O Box 161839  
Atlanta, GA 30321-1839**