

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 application copy will be okay.

PLEASE RETURN WITH YOUR LEAGUE CERTIFICATION APPLICATIONS TO

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