



APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Home Phone _____ Cell Phone _____

Home Address _____
Street City State Zip

Employer _____ Business Phone _____

Business Address _____

Date of Birth _____ E-Mail _____

Height _____ Weight _____ Age _____

Education:

High School _____ Yr Grad _____

College _____ Yr Grad _____

Other _____

Playing Experience:

High School _____ Position _____

College _____ Position _____

Semi-Pro _____ Position _____

Are you applying as a Transfer member or an applicant? (Circle One) **Transfer** **Applicant**

Note: Transfers must be a current member in good standing in an association that works high school games. A letter stating the above must accompany this application.

Officiating Experience _____

Other affiliated groups _____

Recommended for membership by _____

NOTE: IF YOU ARE NOT AVAILABLE FOR GAMES ON THURSDAY AND FRIDAY AFTERNOON, DO NOT APPLY FOR MEMBERSHIP.

Emergency Contact:

Name _____ Phone _____

Signature _____