



1.

SOUTHERN CALIFORNIA SOCCER REFEREE ASSOCIATION

MEMBERSHIP APPLICATION FORM



NAME _____

ADDRESS _____

STREET CITY ST ZIP

HOME PHONE _____ FAX _____

AREA CODE & NUMBER AREA CODE & NUMBER

BUSINESS PHONE _____ FAX _____

AREA CODE & NUMBER AREA CODE & NUMBER

CELL PHONE _____ PAGER _____

AREA CODE & NUMBER AREA CODE & NUMBER

E-MAIL ADDRESSES _____ SECONDARY _____

PRESENT USSF REFEREE GRADE: _____ YEAR ATTAINED: _____

STATE AFFILIATION _____ (If other than CAL SOUTH)

USSF ID # _____

SOCCER OFFICIATING EXPERIENCE (# of games)

USSF AFFILIATED NON-AFFILIATED

ADULT _____ COLLEGE _____

YOUTH _____ HIGH SCHOOL _____

PERSONAL REFERENCES: _____

OTHER REFEREE ASSOCIATIONS: _____

INCLUDE WITH YOUR APPLICATION AND CHECK, A COPY OF YOUR USSF REGISTRATION CARD AND A COPY OF YOUR LATEST ASSESSMENT, IF YOU HAVE ONE. THE MEMBERSHIP FEE IS A ONE-TIME PAYMENT.

Agreement to join SCSRA and accept soccer assignments from assignors of SCSRA, I agree to hold harmless it's assignors and officers any damages to my properly or injury to me while performing my assignments. My continued membership with SCSRA depends upon my compliance with the ethical and professional standards of the United States Soccer Federation (USSF) and SCSRA as outlined in the directives and publications of said organizations.

FORWARD YOUR APPLICATION AND A CHECK FOR \$75.00 MADE OUT TO SCSRA, TO:

SCSRA
c/o Lawrence Savell
4963 Rockvalley, CA 90275

SIGNED: _____ DATE _____

MEMBERSHIP APPROVAL ACCEPTED REJECTED

PRESIDENT _____ DATE _____
1ST VICE PRESIDENT _____ DATE _____
SECRETARY _____ DATE _____