



Southern California Soccer Officials Association
APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

City _____ Zip Code _____

E-Mail Address: _____

Home Phone : (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Other Contact Number : (_____) _____

Social Security Number: _____

Date of Birth: _____ DL or CAL ID _____

Referee Experience High School ___ years; college ___ years; USSF ___ years; AYSO ___ years

Have you ever been convicted of a felony, a crime of violence, any crime against an individual or fraud? (REJECTED IF LEFT BLANK)

Yes No

If yes, explain on reverse side of this form.

Registrant represents that the information contained in this form shall be true and correct, and that the Registrant has not lied about, misrepresented or otherwise falsified such information. Incomplete forms will be returned.

Signature _____ Date: _____

Acceptance of this application by the Board of Directors does NOT guarantee you will receive any game assignments. Assignments are based on ratings that are assigned by the Board of Directors. In the event you do not receive any assignments, the Board of Directors is under no obligation to refund any fees paid for membership.

MAKE CHECK PAYABLE TO FCSSOA

Fees Received by _____

Date: _____ Check #: _____

Amount Paid: \$ _____