

GCSOA Member Information

Treasurer ____ Secretary ____ Assignor ____

Name	SSN	
Address		Gender
City, State ZIP		Age
Home #	Work #	
Cell #	Pager #	
Email		
Other contact #'s		

In the case of an emergency, please indicate a contact person and any emergency phone numbers:

PLEASE INDICATE ANY CONFLICTS OF INTEREST FOR THE FOLLOWING LEAGUES:

High School	
USSF	
NISOA/College	
City/CYO	
Other	

PLEASE INDICATE DAYS OF THE WEEK THAT YOU ARE USUALLY AVAILABLE:

SUN	MON	TUES	WED	THURS	FRI	SAT	ALL	VARIES

PLEASE INDICATE CURRENT REFEREE GRADE AND YEARS OF EXPERIENCE:

AHSAA		NISOA	
OTHER HS		CITY/CYO	
USSF		OTHER	

Are there any medical problems or conditions that we should be aware of?

Have you ever been convicted of a felony? Please describe.

By affixing my signature below, I affirm that the information provided herein is accurate to the best of my knowledge. I agree to abide by the Gulf Coast Soccer Officials Association (GCSOA) bylaws, policies, and procedures for officiating soccer matches and agree to perform all duties related to those endeavors assigned to me by the GCSOA. I agree to abide by universally accepted ethical conduct codes, as well as those published by the Association and the leagues in which I may officiate. I understand that violations of GCSOA bylaws, policies, and ethical rules may result in formal reprimands, fines, suspension from GCSOA endeavors, expulsion from GCSOA and loss of membership rights and privileges, or a combination of any of these prescribed punishments. I understand that GCSOA may use any of the methods of contact I have indicated above or provide at a later date to contact me regarding GCSOA business or to disseminate information regarding referee issues.

Signature

Date

Please return this form with your membership dues to the Association Treasurer. Thank you.