



**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	NON-
AFFILIATED	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 property 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:

c/o Jim Dixon  
2881 Canal Ave. Long Beach  
CA 90810-2831

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

MEMBERSHIP APPROVAL ( ) ACCEPTED ( ) REJECTED

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