



**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 \$50.00 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	_____