



# Tri-County Soccer Referees Association

## Membership Application



E-Mail Address \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_  
(only if you can be contacted at work for assignments)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Current USSF Grade: \_\_\_\_\_ Current Year Certified \_\_\_\_\_ Checked By \_\_\_\_\_

Male  Female  Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_ By \_\_\_\_\_

Children Playing In Coast Soccer League?  Yes  No  
 If YES what division: \_\_\_\_\_ What Team: \_\_\_\_\_

Children Playing In Mountain View Soccer League?  Yes  No  
 If YES what division: \_\_\_\_\_ What Team: \_\_\_\_\_

Do You Coach Or Assistant Coach In Either League?  Yes  No  
 If YES what division: \_\_\_\_\_ What League: \_\_\_\_\_ What Team: \_\_\_\_\_

Any Other Conflicts? \_\_\_\_\_

Are you available on a regular basis on Saturdays  Yes  No  
 Are you available on a regular basis on Sundays  Yes  No

Do You Belong To Other Referee Associations?  Yes  No  
 If Yes Which Ones: \_\_\_\_\_

I agree to pay fifty dollars (\$50.00) annual adult membership fee or if I am under the age of 18 pay the annual youth membership fee of Twenty (\$20.00). As a TCSRA member, I must attend one (1) general membership meeting per 3 meetings to remain active and receive games. If I become inactive, I must attend 2 consecutive meetings before I become active and eligible for games again.

**I understand that this fee is not for USSF. The USSF fee is not collected by TCSRA.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_