

Central Kentucky Soccer Officials Association

APPLICATION FOR MEMBERSHIP

Complete the information on this form, obtain the signatures of three (3) current members of CKSOA, and submit the completed application with a check for \$ 50.00. payable to CKSOA, to the address shown at the bottom of this application. The Executive Committee will review your application, and if approved, the check will be deposited and credited as current year association dues. Application with dues paid after October 31 are applied to the following year. Dues are not refundable.

Dues for the next calendar year are payable by December 31.

Personal Data:

Last Name First MI Nickname Date of Birth

Mailing address City ST Zip Code

Home Phone Work Phone Pager/Car/Other E mail

I would be willing to work on the following committees (check all that apply):

Financial Planning Audit Social Nominations Grievance

Current Referee Affiliation (You must be currently registered with at least one of the organizations listed below, and *attach a photocopy of your current registration card*).

USSF Grade : NISOA Years : KHSAA Level 1 2 3

Please list any other referee affiliations you may have.

Soccer Officiating Experience:

Level of Competition	Experience Years	Number of Games		
		U-16 and below	U-17 - U-19	Adult
Youth				
High School				
College				
Adult Leagues				

Sponsor's Names:

Signatures:

Date:

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Have you ever been convicted of a crime of violence or of a crime against a person? Yes No
(if yes, explain on the back of this application). **This question must be answered.**

I certify that the information provided in this application is correct. I also certify that I have no physical illness or impairments that will make participation in soccer related activities dangerous to me.

Applicant's Signature Date