

METROPOLITAN OFFICIALS ASSOCIATION MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		(If Applicable) IHSA# _____
Current address:		
City:	State:	Zip Code:
Work Phone: _____		Evening Phone: _____
Cell Phone: _____		Email: _____

GENERAL INFORMATION

Have you ever been convicted of or pled guilty to a sexual offense, a crime against a minor or crime involving illegal drugs?
 YES _____ NO _____

Check the sport you are interested in officiating: A yearly \$75.00 membership dues covers ALL the SPORTS listed below:	Did you ever officiate a sport in the past or present? YES____ NO____ If so, how long? Year(s)_____ Month(s)_____
Baseball _____	Football _____
Basketball _____	Softball _____
Volleyball _____	
Level of experience: Grammar School _____ High school _____ College _____ Professional _____	
College Conferences you work and Sport: Conferences _____	

CURRENT MOA MEMBER INFORMATION

IHSA# _____ Please indicate your level for every registered sport with IHSA below:

Baseball Level: (please circle) X R C	Basketball: (please circle) X R C
Football: (please circle) X R C	Volleyball: (please circle) X R C
Softball: (please circle) X R C	

NEW MEMBER REFERENCES

Name two MOA members that you are using as recommendations:

Name:	Relationship _____ Phone: _____
Name:	Relationship _____ Phone: _____
Employer:	How long?

SIGNATURE

I herby certify that the information given by me on this application is complete and accurate. I understand that any misrepresentation or material omission regarding any information requested by this application may result in denial of membership to the Metropolitan Officials Association.

Signature of applicant:	Date:
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***Return completed membership application with check or money order made to: MOA P.O. Box 496553
 Cost: \$75.00**