



NORTHERN CALIFORNIA OFFICIALS ASSOCIATION

SAC-JOQUIN SECTION • SOUTHERN AREA • FOOTBALL DIVISION

2012 FIRST-YEAR MEMBER APPLICATION

Please complete the information below. Please print legibly, as this information will appear in the NCOA Football roster. Note that alternate phone and e-mail address are for internal use only and will not be published.

First & Last Name: _____ Nickname: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone/Provider: _____ AT&T Sprint T-Mobile Verizon _____

Birth Date: ____ / ____ / ____ Alternate Phone: _____

E-mail Address (primary): _____

E-mail Address (alt): _____

I would like reminders of upcoming meetings sent to my cell phone as text messages.

Why do you want to be a high school football official? _____

Did you play high school football? _____ Junior College? _____ College? _____

Have you officiated football before? _____ Other sports, which? _____

Years of officiating experience: _____ Year started: _____

Describe your officiating experience (include positions worked): _____

Did you transfer from another association? _____ Which one: _____

(Please attach letter of reference specifying the dates you officiated in another association to receive credit for your experience.)

How did you hear about us? Radio Internet Newspaper Other: _____

Official: _____

Which days can you officiate high school football? WED THU FRI SAT

I am enclosing \$80.00 for my first-year member (non-refundable) dues in the NCOA South Football Division. The NCOA Football Division DOES NOT ACCEPT CASH. I agree to abide by the by-laws of the NCOA South and the Rules and Regulations of the NCOA South Football Division. I fully understand that failure to do so can result in disciplinary action by the Board of Directors and/or NCOA. I further certify that I have not been convicted of a felony or misdemeanor offense which requires me to register as a sex offender. I understand the penalty for falsification is grounds for expulsion from the NCOA.

Signature (required)

Please return to: **TRACY BLACKMORE • NCOA SOUTH FOOTBALL SECRETARY • 3132 LA COSTA LN • MODESTO CA 95355-8436**

FOR INTERNAL USE ONLY:

REGISTRATION DATE: ____/____/____ DATE PAID: ____/____/____ AMOUNT: \$ _____ CHECK: # _____

DATE DEPOSITED: ____/____/____ CONTROL #: _____ BOOKS: R C T M F