

**CENTRAL TEXAS FOOTBALL CHAPTER MEMBERSHIP APPLICATION
(2018 SEASON)**

PLEASE PRINT CLEARLY!

RETURNING MEMBERS: PROVIDE NAME AND CHANGES TO INFO ONLY. NEW MEMBERS: FILL OUT ENTIRE FORM.
All members are required to sign the form!

Have you ever officiated high school football for TASO in the past? Y () N ()
If you answered "YES", please provide TASO chapter previously a member of: _____

First Name:	Last Name:
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TASO ID #:	FULL SSN:
DOB (DD/MM/YEAR):	

(Include Area Codes for all Phone Numbers)

Home Phone:	Cell Phone:
Work Phone:	Alternate Phone:

Primary Email Address:
Work Email Address:
Alternate Email Address:

Home Address:
City, State, Zip:
P.O. Box (if used for mailing purposes):

1. I understand that joining this chapter, signing this membership application and paying local dues dos NOT guarantee an assignment(s). I will be assigned games based on availability and/or evaluated skill level.
2. I understand that I am required to abide by all TASO and Central Texas Football Chapter Policies as outlined in the Chapter Constitution and By-Laws and that failure to do so could result in disciplinary actions in accordance with the Chapter Constitution and By-Laws and/or dismissal from the chapter.
3. I will immediately report to the chapter Board of Directors any change in status regarding any offense for which I am arrested, charged, or convicted for any state or federal misdemeanor or felony offense during the current school year.
4. I certify that the information provided on this application is true to best of my knowledge and that any false information provided voluntarily may result in an immediate dismissal with total forfeiture of paid dues.

Member's Signature:	Date:
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For Chapter Administrative Use Only!			
Database Entry:	Receipt Mailed:	TASO Membership Verified:	
Date Paid:	Amount: \$	() Cash () Check:	() MO: