



St. Louis Officials Association, Inc.

Application for Membership – 2010

This form is to be used for first time members only.

Please PRINT or WRITE all information except your signature

REQUIRED INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

E-MAIL (please print clearly) _____

WILL REGISTER WITH MSHSAA IN THESE SPORTS: _____

OFFICIATING EXPERIENCE YRS: _____ LEVEL OF EXPERIENCE: _____
(YOUTH-FRESHMAN-JV-VARSITY-COLLEGE)

NUMBER OF GAMES OFFICIATED LAST YEAR: _____

ANNUAL DUES FOR 1st YEAR APPLICANT ONLY:

ONE SPORT — \$10 TWO OR MORE SPORTS— \$15

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OPTIONAL INFORMATION

WHO SUGGESTED YOU CONTACT SLOA? _____

REFERENCES: _____

SIGNATURE: _____ DATE: _____

Send Payment and this form to:

**St. Louis Officials Association, Inc (make checks payable)
3511 Georgetown Village Dr.
Valley Park, MO. 63088**