Membership Application

NEW

Each applicant must complete a ***SEPARATE*** application for each sport

HAVE YOU EVER BEEN A MEMBER OF **ANY** TASO/SOA DIVISION ☐ YES ☐ NO

CHECK THE *ONE* SPORT THIS APPLICATION IS FOR:

☐ **BASEBALL** ☐ **BASKETBALL** ☐ **FOOTBALL** ☐ **FB AUXILIARY** ☐ **SOCCER** ☐ **SOC AUXILIARY** ☐ **SOFTBALL** ☐ **VOLLEYBALL**

PLEASE PRINT CLEARLY – *ALL FIELDS REQUIRED*

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH (MM DD YYYY)

TASO ID #

SOCIAL SECURITY NUMBER

HOME PHONE NUMBER

WORK PHONE

EXT

CELL PHONE

MAILING ADDRESS

CITY

STATE

ZIP

PREFERRED E-MAIL ADDRESS

CHAPTER NAME

CHAPTER CODE

PLEASE READ CAREFULLY: ***I understand and agree that***:

1. In accepting game assignments from the Chapter, I am acting as an independent contractor.
2. I understand that I am protected by a Liability and Accident policy while a member in good standing of TASO. Coverage applies while conducting officiating activities and both subject to policy limitations and a deductible on the accident policy. The TASO website should be referred to for coverages and other conditions.
3. I will comply with all TASO and Chapter Policies and Procedures and understand that TASO at their discretion may conduct background checks.
4. *Except as listed on the attached sheet or as previously disclosed and ruled on by the Disciplinary Appeals Committee, I certify that, except for minor traffic offenses punishable by fine only, I have not (1) been convicted of a state or federal misdemeanor or felony offense, (2) been arrested on a pending state or federal misdemeanor or felony charge, or (3) received deferred adjudication or other deferred sentencing for a state or federal misdemeanor or felony offense. Contradictions with (1), (2)or (3) above are NOT automatic grounds for denial of membership. Please submit details with application for Disciplinary Appeals Committee review.*

I certify that this information is true and correct and understand that TASO may verify all or any portion of this application, including nationwide background criminal searches.

Applicant Signature Date

NEW members to this sport: To **APPLY** for TASO membership, submit this form with **ALL** information completed, along with $35 state dues, and local chapter dues, to your local chapter secretary.

I have confirmed the identity of this applicant by visually verifying a government issued photo identification card.

Chapter Officer Signature Date

For information on local chapters, visit our website www.taso.org, or call 866-283-TASO. ***Revised October 2012***