

COLLEGIATE OFFICIALS ASSOCIATION

MEMBERSHIP APPLICATION

(PLEASE PRINT)

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ SOCIAL SECURITY NUMBER _____

PHONE NUMBERS (H) _____ (W) _____ (C) _____

EMAIL ADDRESS(ES) _____

EDUCATION

COLLEGE _____ YEAR GRADUATED _____

OFFICIATING – LIST ALL COLLEGIATE OFFICIATING EXPERIENCE

<u>COLLEGE CONFERENCE AND/OR ASSOCIATION</u>	<u>SUPERVISOR</u>	<u>YEARS (i.e. 1992-1996)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CAMPS – LIST ANY BASKETBALL OFFICIATING CAMPS HAVE OR WILL BE ATTENDING THIS SUMMER

<u>CAMP</u>	<u>LOCATION</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEVELS - I AM INTERESTED IN WORKING THE FOLLOWING LEVEL:

MEN'S ____ WOMEN'S ____ COLLEGE BASKETBALL

COMPLETING AND RETURNING THIS APPLICATION
DOES NOT GUARANTEE MEMBERSHIP IN THE COA

SIGNATURE _____ DATE _____

PLEASE INCLUDE A \$15.00 PROCESSING FEE WITH THIS APPLICATION AND RETURN IT TO:
COLLEGIATE OFFICIALS ASSOCIATION, 611 OHIO STREET, MONONGAHELA, PA 15063-2036

IF ADDITIONAL SPACE IS NEEDED FOR ANY INFORMATION, PLEASE USE REVERSE SIDE