

# SOUTH TEXAS FOOTBALL OFFICIALS MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Employment Information

## CURRENT EMPLOYER:

Employer address:

Phone:

How long?

City:

E-mail:

Fax:

Position:

State:

ZIP Code:

Name of a relative not residing with you:

## ADDRESS:

City:

Relationship:

Phone:

State Membership Info (TASO)

State:

ZIP Code:

TASO ID#

Signatures

**I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM AS TO MY INFORMATION PROVIDED.**

**SIGNATURE OF APPLICANT:**

**DATE:**

Board Member Signature:

DATE