

**CAPITAL CITY OFFICIALS ASSOCIATION
MEMBERSHIP APPLICATION**

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

PHONE: HOME: _____

WORK: _____

CELL: _____

EMAIL ADDRESS: _____

REGISTER FOR: FOOTBALL _____ BASKETBALL _____ SOC.SEC.#: _____

OCCUPATION: _____ SPOUSE'S NAME: _____

List up to three officials from CapCity who would recommend you for membership:



OTHER REFERENCES:

	NAME (Coach, Official, Etc.)	SCHOOL/LEAGUE	CITY/STATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List games worked in the last 12 mos. by type (rec league, high school, college, etc.) and level (age, junior varsity, b-squad, varsity, etc.)

NUMBER OF GAMES	TYPE	LEAGUE/CONFERENCE	LEVEL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

TOTAL GAMES WORKED IN THE LAST YEAR:
COMMUNITY: _____ HIGH SCHOOL: _____ COLLEGE: _____

I hereby declare that the above information is true and accurate and understand that incomplete information, falsifying the above, or any misrepresentation of facts are grounds for dismissal from Capital City Officials Association.

SIGNATURE: _____ **DATE** _____

A \$20.00 application fee (check made out to Capital City Officials Association) must accompany this form.

Return this form and check to: Pat Whalen
1471 Mississippi St.
New Brighton MN 55112