

## Orange County Soccer Referee Association

## Application for Membership

## PLEASE PRINT CLEARLY

First Name:	Last Name:	
Mailing Address:		
City:	St.:	Zip:
Home Phone: ( )	Mobile: ( )	
Email Address:		
Birth Date (Minimum Age is 16):		
USSF Certificate Date:	USSF Grad	e:
What is the highest age group you are comfortable to referee:		
List other Referee Associations of which you are a member:		
In signing this application I agree to hold OCSRA Inc., its' assignors, and officers harmless for anything that occurs to me, or my property, while performing any task related to refereeing soccer matches assigned under the direction of OCSRA Inc. I also understand that continued membership in OCSRA Inc., is conditioned upon my compliance with the ethical and professional standards of the United States Soccer Federation, and the OCSRA Inc., as outlined in the directives and publications of said organizations.  Membership does NOT guarantee game assignments.		

Make checks payable to: OCSRA Mail completed form with fee to:

Application fee: \$50.00

Signed:

Don Feldman
Orange County Soccer Referee Association
17522 Sherbrook Dr.
Tustin, CA 92780
Email: smlois617@aol.com

Date: