

New Candidate Membership Application Form 2008
NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION
WEST COAST (CALIFORNIA) CHAPTER

(New Members Only. Type or Print Only)

Do not use P.O. Box Numbers for Address (uniforms will be shipped to this address)

Last Name	First	Middle
Street Address	City	State Zip Code
Primary Email Address		Second Email
Home Phone ()	Work Phone ()	Cell Phone ()
Chapter: West Coast (California)	Birthdate	SSN

Items On-File with Chapter?

Match Evaluation: Pass Fail **Qualifying Exam:** Pass Fail

Letters of Recommendation _____
Completed Fitness Test Results _____ **Medical Exam Form/Waiver** _____ **Take to Fitness Test**

Uniform Selections: *(Circle one each. One for Shirt AND one for Shorts)*

Shirts Size : XS (30-32) S (34-36) M (38-40) L (42-44) XL (46-48) XXL (50-52)

Short Size: SM (30-32) MD (34-36) LG (38-40) XL (42-44) XXL (46-48) XXL (50-52)

(Check Sleeve Length for each Color) Kit Options: Select one -- All Kits Include NISOA Flags and Whistle

Long	Short	Option A	Option B	Option C
		2 Colors	3 Colors	4 Colors

<input type="checkbox"/>	<input type="checkbox"/>	<u>Gold Grid Shirt</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Orange Grid Shirt</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Blue Grid Shirt</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Black Grid Shirt</u>	<input type="checkbox"/>	<input type="checkbox"/>

Option A (\$142.95) Option B (\$188.95) Option C (\$233.95)

Black socks with stripes the color of shirt unless otherwise requested

Sock size **Med Size 9 or less** **Large 9 ½ or more**

POLICY – Except for Size Adjustment, No Returns, No Refunds, No Exchanges

Submit Application: Complete Personal and Uniform Information and Mail to:

Jon Dwyer Home: (925) 829-8216 Jon_Dwyer@yahoo.com
101 Medinah Place Cell (925) 785-4664
San Ramon, CA 94583

Application/Registration Fee:	NISOA \$100 + WCISOA \$40	\$140
<i>(Check payable to WCISOA)</i>	PLUS Kit Option A or B or C	\$ _____
	Total	\$ _____