

**New Candidate Membership Application Form 201+  
NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION  
WEST COAST (CALIFORNIA) CHAPTER**

*New Members Only*

Please print name and address in the space provided below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Items On-File with Chapter?  None  1  2  3  4  5

Match Evaluation  Yes  No  Qualifying Exam  Yes  No

Letters of Recommendation  Yes  No

Completed Fitness Test Results  Yes  No  Medical Exam Form/Waiver  Yes  No

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

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

Gold Grid Shirt  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
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\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Application/Registration Fee: \_\_\_\_\_  
 (Check payable to WCISOAD) PLUS Kit Option \_\_\_\_\_  
 Total \$ \_\_\_\_\_

\_\_\_\_\_