



Michiana Soccer Referees Association. Inc.

www.msraonline.org

2008 Membership Application

Name: First _____ MI _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ High School _____

Play HS soccer? YES NO _____ Year Graduate(d) _____

Home Phone _____ Certification: IHSAA YES NO _____

Work Phone _____ USSF YES NO _____

Cell Phone _____ NIOSA YES NO _____

Email Address _____

Please Read Before Signing:

By signing this application I agree to be bound by the Bylaws and decisions of the MSRA Inc.

I further agree to promptly pay all membership dues and to fulfill all assignment obligations. I understand that I am not an employee of MSRA, Inc., and I am responsible for meeting all the responsibilities of the IHSAA / USSF / NIOSA for licensing and the USA Internal Revenue codes, of the appropriate taxing authorities for referee income.

Signature _____ Date _____

Michiana Soccer Referees Association (MSRA) Fees

Adult (18 or older or in high school)	\$40	Make Checks
Youth (18 or younger)	\$25	Payable to: MSRA

Mail to : L Jarze 61587 Brompton Rd., South Bend, IN. 46614

Do Not Write In This Box approved _____ by _____