



Application for Membership Email address: _____ Date _____

I, _____ do hereby apply for membership in the St. Joseph Valley Officials Association.

OFFICIATING EXPERIENCE

COACHING EXPERIENCE

PARTICIPATION

Football _____ (years)
 Basketball _____
 Baseball _____
 Track _____
 Wrestling _____
 Volleyball _____
 Swimming _____
 Soccer _____
 Softball _____
 Others _____

Football _____ (years)
 Basketball _____
 Baseball _____
 Track _____
 Wrestling _____
 Volleyball _____
 Swimming _____
 Soccer _____
 Softball _____
 Others _____

Football _____ (✓)
 Basketball _____
 Baseball _____
 Track _____
 Wrestling _____
 Volleyball _____
 Swimming _____
 Soccer _____
 Softball _____
 Others _____

I presently hold an I.H.S.A.A. certified/ registered card in the following sports:
 Football ___ Basketball ___ Baseball ___ Track ___ Wrestling ___ Volleyball ___
 Swimming ___ Soccer ___ Softball ___ Others ___

Signatures of at least two officials or coaches who are recommending you:
 (1) _____ (2) _____

Applicants signature _____
 Address _____
 City _____ State _____ Zip _____
 Home phone _____ Business phone _____

Yearly Dues \$25.00 Mail Check or Money order to:

Bob Kania, 11167 Edison Rd., Osceola, IN 46561