



**West Coast Officials Association, Inc.**  
 P.O. Box 20514 Tampa, Florida 33622  
 or  
 13515 Greentree Dr. Tampa, FL 33613

Name \_\_\_\_\_ Renewal \_\_\_\_\_ New \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are You A Veteran of The United States Armed Services? \_\_\_\_\_

Race (FHSAA Required) \_\_\_\_\_ Gender (FHSAA Required) \_\_\_\_\_

Primary Association \_\_\_\_\_ Secondary Association (If Applicable) \_\_\_\_\_

**Register In** (√ Applicable) **Years Experience**

Football \_\_\_\_\_

Basketball \_\_\_\_\_

Flag Football \_\_\_\_\_

**Membership Dues (Check Box)**

New Members (1<sup>st</sup> Sport) \$30

Football \$50

Basketball \$50

Flag Football \$25

ECO \$30

Football / Basketball \$85

Football / Flag Football \$70

Basketball / Flag Football \$70

Football / Basketball / Flag \$100

**Fines** **BB** **FB**

*Decline/Accept by Passed* \$10 \$20

*Cancel Within 24 Hours* ½ Game Fee ½ Game Fee

*No Show* Game Fee and Suspension

Total Fees \$ \_\_\_\_\_ Fines \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Payment made by: Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit/Debit \_\_\_\_\_

Board Member \_\_\_\_\_

Treasurer's Signature \_\_\_\_\_

I will notify the assignment officer of any changes in my availability prior to assignments being distributed and will keep my Arbiter availability up to date. I agree to the deduction of all fines from any game fees and that fines may be reviewed by the Sports Committee. I will read and abide by the Bylaws of this association.

Signature \_\_\_\_\_ Date \_\_\_\_\_