► THIS APPLICATION MUST BE SUBMITTED BY A CHAPTER CONTACT ◀

NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION NEW CANDIDATE MEMBERSHIP APPLICATION FORM

(Type or Print Capital Letters Only)

Last Name		First		Gen	der M F
Street		City		State	_ Zip
Phone (H)		Cell		Region	
Chapter		Email			
Chapter Contacts	s: Please mail p	ackage to Tom Richa	rdson, 574 Thoma	s Ross Lane, Kerner	sville NC 27284
Have you ever been co	onvicted of a felony?	No Yes Have yo	ou ever been a member o	of NISOA not in good standir	ng? No Yes
•	_	cal Chapter:		•	· — —
Passed Qua	alifying Exam;	Passed Medica	l Exam;F	Passed Physical Performanc	e Test
1. APPLICATION	I FEE: MAKE C	HECK PAYABLE TO	NISOA (CHECK	#1)	\$105.00
MANDATORY: C	hoose Your D	iscounted NISOA I	Kit All kits MUST in	oclude a Yellow Grid Shirt.	
All kits also include #	#1058N short, 2 pa	ir #1304N NISOA sock. N	lumber of shirts & #15	32N Flags are optional.	
1. Choose Your Kit Option		2. Choose Your Yellow Shirt		3. Choose Your Additional Shirts	
Option A:	\$146.00		Sleeve Length		Sleeve Length
2 Shirts/Flag 2 Shirts	\$123.00		Short Long		Short Long
Option B:		Yellow Grid Shirt #5050N (SS) / #5051N (LS)		Yellow Grid Shirt #5050N (SS) / #5051N (LS)	
3 Shirts/Flag 3 Shirts	\$184.00 \$161.00			Orange Grid Shirt #5052N (SS) / #5053N (LS)	
Option C: 4 Shirts/Flag 4 Shirts	\$226.00 			Blue Grid Shirt #5054N (SS) / #5055N (LS)	
Option D: 5 Shirts/Flag 5 Shirts	\$258.00 <u> </u>				
Option E: 6 Shirts/Flag 6 Shirts	\$305.00				
SHIRT XSM CHEST SIZE (32-34)	SM MD (36-38) (40-42)	LG XL XXL (44-46) (48-50) (52-54)	SHORT XSM WAIST SIZE (26-28)	SM MD LG (30-32) (34-36) (38-40	XL XXL 0) (42-44) (46-48)
CHOOSE SIZE			CHOOSE SIZE		
Check Sock Size	e: Med	ium (shoe size 9 & be	elow)Larg	e (shoe size 9-1/2 & a	above)
DISCOUNTED ITEM	IS FOR NISOA ME	MBERS (NOT MANDATO	ORY):		
#1630N NISOA Logo	Superior Black Bag	(25 x 14 x 13)		Retail Price \$39.95	\$34.95
#1713 Saucony Shoe	D & EE Width	(Sizes 7 1/2 - 1	14) Width () Size	() Retail Price \$59.95	\$51.95
2. MAKE CHECK	C PAYABLE TO	OFFICIAL SPORTS	INTERNATIONAL	(CHECK #2) TOTAL	
Charge to my credit	card:	Name on Card			
Visa MasterCard Discover		Card #		Exp Da	ate

POLICY: EXCEPT FOR SIZE ADJUSTMENTS, NO RETURNS, NO REFUNDS OR EXCHANGES.

Return check and application form to Chapter Representative.