



Membership Form

New Member
Current/Returning Member

Name: _____
Last First Middle

Date of Birth: ____/____/____ Male Female Youth Adult

Address: _____
Street Apt # City Zip

Phone #'s: () _____ () _____ () _____
Home Cell Work

Email Address (Print Neatly) _____

Are you current with USSF for this year's registration/recertification? Yes No

Please provide the following referee information:

AYSO years _____ High School/College years ____/____ USSF years _____

Current Referee Grade (Level) AYSO USSF College _____

Are you a player in a league? Yes No If yes what league? _____

Previous or current affiliations: _____

State Associations: _____

There is a one-time (non-refundable) \$20.00 registration fee for referees 18 and over. Check # _____

Check here if referee is under 18 and registration fee (only) is waived:

Update Membership Info Only

Complete and return form and check payable to IESRA to:

IESRA Secretary

P.O Box 1763

San Bernardino, CA 92402

Please insure you are on the current registered referees

list and attach a copy of your W-9.

By signing below you acknowledge the you have read the IESRA By-Laws and policy documents

Signature: _____ Date: ____/____/____

If you are just updating your membership **DO NOT** send any money!