



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: _____

A \$30 retention is collected for to cover game fees for pay on the field matches. Check # _____

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!