



# 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 \$75.00 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!