

# Texas Association of Sports Officials

## Membership Application

Each member must complete a **SEPARATE** application for each sport each year.

- NEW MEMBER** - New members to this sport
- ANNUAL RENEWAL** - Returning members (If received by the state office before the annual dues deadline)
- REINSTATEMENT** - Returning members (If received by the state office after the annual dues deadline OR if no dues were paid last year)
- AUXILIARY** - Football Only

Circle the sport for this application:

**BASEBALL    BASKETBALL    FOOTBALL    SOCCER    SOFTBALL    VOLLEYBALL**

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

TASO ID #: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Chapter Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PLEASE READ CAREFULLY *I understand and agree that:*** 1. Membership in the Chapter and/or TASO does not guarantee game assignments. 2. I am responsible for informing the Chapter Secretary of any changes to my contact information as well as any change to my officiating availability and restrictions. 3. I will pay any applicable fee for canceling a game once I have accepted the game assignment. 4. The Chapter and/or TASO does not provide medical insurance coverage for injuries sustained or arising from my officiating assignments. If I desire such coverage, I must obtain coverage on my own. 5. In accepting game assignments from the Chapter, I am acting as an independent contractor. 6. I will comply with the TASO Code of Ethics, Conflict of Interest, and Game Assignment Policy. 7. All game assignments received through the Chapter are subject to revocation, cancellation or reassignment in the event I cease to be a member in good standing, or if it is in the best interest of the Chapter that the game be revoked, cancelled or reassigned. 8. I will file all required game reports as required by the Chapter and/or TASO and pay any applicable game fees, fines or assessments. 9. Except as listed on the attached sheet or as previously disclosed and ruled on by the Disciplinary Appeals Committee, I certify that, except for minor traffic offenses punishable by fine only, I have not (1) been convicted of a state or federal misdemeanor or felony offense, (2) been arrested on a pending state or federal misdemeanor or felony charge, or (3) received deferred adjudication or other deferred sentencing for a state or federal misdemeanor or felony offense. 10. I certify that this information is true and correct and I understand that TASO may verify all or any portion of this report.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NEW members to this sport and AUXILIARY (Football Only):** To **APPLY** for TASO membership, submit this form with **ALL** information completed, along with \$25 state dues, and local chapter dues, to your local chapter secretary. New Member dues are not used to calculate the multi-sport discount.

**RENEWING members to this sport:** To **RENEW** your TASO membership, submit this form with **ALL** information completed, along with \$50 state dues and local chapter dues, to your local chapter secretary. State dues may be reduced by \$10 if full renewal or reinstatement dues have been previously paid in another sport for the current sport year.

**FORMER Members to this sport:** To **REINSTATE** your TASO membership, submit this form with **ALL** information completed, along with \$50 state dues, \$25 reinstatement fee, and local chapter dues, to your local chapter secretary. State dues may be reduced by \$10 if full renewal or reinstatement dues have been previously paid in another sport for the current sport year.

**For information on local chapters, visit our website [www.taso.org](http://www.taso.org), or call 866-283-TASO.**