



**Corpus Christi Area Chapter
TASO Volleyball
Application for Local Membership**

I, the undersigned, hereby make an application for membership in the Corpus Christi Area Chapter of Volleyball Officials, a member of Texas Association of Sports Officials. This application is for the season listed below and must be renewed and accepted each year. Upon review and admission, I pledge myself to comply with the Bylaws and Policies of the Association and Chapter. I pledge to accept and officiate all matches assigned in my name. I will attend all meetings as is possible and realize that lack of knowledge of the Chapter Bylaws is no excuse. Once dues have been paid, refunds must adhere to the TASO Refund Policy.

Season: _____ Applicant's Signature _____

Select One: ☐ Renewal ☐ New Member

[Please Print]

Last Name: _____ First Name: _____

Social Security: - - Date of Birth: / /

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: - - Work: - -

Cell: - - Other: - -

Email Address:

Are you transferring from another chapter? (circle one) No Yes (if yes, fill out information below)

Chapter: _____ Last Year As Member: _____

Note: A TASO Member Transfer Form must be received from the Chapter listed above before application can be accepted.

Chapter Use Only

Date Reviewed: _____

Application was: (circle one) Approved Disapproved

President's Signature: _____ Date: _____

Secretary's Signature: _____ Date: _____