

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:	son: Applicant's Signature														_							
Select One:	Renewal New Member								New Member													
[Please Print] Last Name : First Name:																						
SSN:	DOB:												-				-					
Mailing Address:																						
City:	City:ZIP										State: Texas											
Phone Numbers:																						
		-					Otl	ner				-				-						
Email Address:																						_
Are you transferring from another chapter?								(Circle one)				No Yes				(if yes, fill out information below)						
Chapter: Secretary Name:																						
Note: A TASO Memb be processed	er Tra	nsfei	Fori	m mu	ist b	e rec	eive	d fro	m th	e Ch	apte	er lis	ted a	bove	e bef	ore a	app	lica	tior	n ca	n	
Chapter Use On	ly																					
Date Reviewed:								Application was (circle one) Approved Disapproved														
President's Signa		Date:																				
Secretary's Signature:								Date:														