



EP&DISOA

Eastern Pennsylvania and District Intercollegiate Soccer Officials Association

NEW MEMBER APPLICATION CALENDAR YEAR 2024

NAME_____ HOME PHONE_____

ADDRESS_____ WORK PHONE_____

_____ CELL PHONE_____

EMAIL_____ DATE OF BIRTH_____

NISOA/YRS?_____ USSF(grade)/YRS?_____

SIGNATURE:_____

DATE:_____

Annual Membership Fees

New Member (\$50)_____ Renewal (\$25, plus \$10 if after Jan 31)_____

Complete this form and mail with check payable to EP&DISOA.

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West Chester, PA 19380

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610-256-0351

IMPORTANT TO NOTE

Submission of this signed form with appropriate fee constitutes acceptance of the by-laws, terms, and conditions of membership in the Association.