



CALGARY AND DISTRICT SOCCER REFEREES
ASSOCIATION
"THE BEST YOU CAN BE"

APPLICATION FOR MEMBERSHIP

Effective: April 1, 2015- March 31, 2016

LAST NAME:	FIRST NAME:
ADDRESS: (see footnote)*	POSTAL CODE:
HOME PHONE:	MOBILE TELEPHONE:
EMAIL ADDRESS: (see footnote)*	ALT EMAIL ADDRESS: (see footnote)*
CURRENT ASA CLASSIFICATION:	YEARS OF REFEREEING EXPERIENCE:

REFEREE INFORMATION:

I, _____ DO HEREBY APPLY FOR
MEMBERSHIP WITH THE CALGARY AND DISTRICT SOCCER REFEREES' ASSOCIATION THIS

_____ DAY OF _____, 2015 _____

SIGNATURE

FEES:

MEMBER TYPE	FEE	Payment Method
ADULT MEMBER (21 or older in 2012)	\$50.00	
YOUTH MEMBER (20 or younger in 2012)	\$25.00	CASH:
STUDENT MEMBER (Attending Full Time Classes)	\$25.00	CHEQUE:
INACTIVE MEMBER (No longer actively refereeing)	\$10.00	
HONORARY MEMBER (Bestowed by the CDSRA)	No Fee	
NON DISTRICT MEMBER (Not residing in the Calgary and surrounding area)	\$10.00	

PLEASE RETURN THE COMPLETED APPLICATION FOR MEMBERSHIP, AS WELL AS THE APPROPRIATE FEE,
BY **May 1, 2015** TO THE ADDRESS SUPPLIED BELOW OR SEND A SCANNED COPY TO registrar@cdsra.com

ALL APPLICATIONS FOR MEMBERSHIP ARE SUBJECT TO APPROVAL OF THE CDSRA

Due to privacy legislation, please initial below for permission to be put on the published membership list.

I AUTHORIZE THE CDSRA TO PUBLISH MY NAME, ADDRESS, PHONE NUMBER AND/OR IMAGE Yes No

Because there is a demand for re-scheduled games outside of the CSF Scheduler, please initial here if you would like your email placed on an undisclosed recipient emergency broadcast for leagues/communities to reschedule games. Your privacy will be respected! _____

* Select the appropriate check box for your preference to receive meeting notices (mail or email)

PO Box 42072 Southland RPO Calgary, AB, T2J 7A6 ♦ www.cdsra.com