



SOUTHERN DISTRICTS SOCCER REFEREES INC.

P O BOX 867 GUILDFORD N.S.W. 2161

MEMBERSHIP APPLICATION FORM.

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_
Date of Birth : \_\_\_\_\_ Your age if under 18: \_\_\_\_\_
Address: \_\_\_\_\_
Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_
Your Partners Name: \_\_\_\_\_ (Optional)
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_
Work Phone (if any): \_\_\_\_\_ E-Mail: \_\_\_\_\_
FFA I.D Number: \_\_\_\_\_

Type of Membership (Please Circle)

Life Member / Active Life Member / Active Member / Cadet / Non Active Member

Refereeing Qualification now held (please tick)

Cadet [ ] FFA Level 3 [ ] NSW Class 1 Theory [ ] FFA Level 2 [ ]
FFA Level 5 Entrance [ ] NSW Class 2 Theory [ ] NSW Class 1 [ ] FFA Level 1 [ ]
FFA Level 4 [ ] NSW Class 2 [ ]
Assesor Level 3 [ ] Assesor Level 2 [ ]

Are you currently a member of another Branch ? Yes / No

Name of Branch : \_\_\_\_\_

Table with 7 columns (Mon-Sun) and 3 rows (A M, P M, All Day) for availability.

Special / Other comments on availability: \_\_\_\_\_

I agree that if my application is accepted, to abide by the Objects and Rules, and By-Laws of S.D.S.R. Inc., including any disciplinary decisions made by the Branch.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I accept the privacy conditions of S.D.S.R. Inc in the collection and retention of information regarding my activities in the Branch.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Junior Members Parent / Guardian Declaration:

I, \_\_\_\_\_ as a parent / guardian of the above named junior member, acknowledge that the junior member should never be left at a ground without adequate supervision. I understand that this supervision is not provided by either football clubs nor S.D.S.R. Inc.
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have an affiliation with a club(s)? If so give details.

Table with 4 columns (Club, Player / Coach / Manager / Committee, Age Group, Division) and 4 rows.

THIS APPLICATION IS ACCEPTED AT THE SOLE DISCRETION OF THE MANAGEMENT COMMITTEE AS PER CLAUSE 3.2 (iii) OF THE OBJECTS and RULES

Fee Paid: \$ \_\_\_\_\_ Date : \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Received by: \_\_\_\_\_