



APPLICATION FOR MEMBERSHIP
Pacific Northwest Basketball Officials Association



PLEASE CHECK ONE OF THE FOLLOWING BOXES:

TRANSFER APPLICATION

APPRENTICE APPLICATION

Name: _____

SSN: _____ - _____ - _____

Year Joined PNBOA _____

Home Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ E-mail: _____

Cell Phone: () _____

Occupation: _____ Employer: _____

Athletic Background: _____

Referred By: _____

Education: (Circle Year Completed)

High School Attended _____ 1 2 3 4 Year Graduated: _____

College Attended _____ 1 2 3 4 Year Graduated: _____

Basketball References: (if any)

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Personal References:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Officiating Experience (if any): _____

Emergency Contact: (Not living at same address)

Name: _____ Phone: () _____

Signature: _____ Date: _____

RETURN THIS APPLICATION WITH ALL OTHER DOCUMENTATION TO THE MEMBERSHIP CHAIRPERSON