



EBOA Membership Registration Form

Last Name

Given Name

Spouse's Name

Parent's/Guardian's Name (if applicable)

() _____
Home Phone

() _____
Work Phone

() _____
Cell Phone

Address

City, Province

Postal Code

Email Address

Previous Experience

(YES) (NO) Since _____
Past EBOA Member?

Officiating Experience

() years _____
EBOA

() years _____
Community League

() years _____
Other

(Community) (Jr. High) (High School) (EBA) (Wheelchair) (College) (University) (International)
Highest Level Currently Officiating

Alternate Board Membership – Are you a member of another board?

Board / Level

Board / Level

Signature

Date

INTERNAL USE ONLY

(Full) (Associate) (Honorary Life)
Membership Type

(CASH) (CHEQUE) (CHARGE – >2nd year only)
Payment Type

Charged to member

Member Signature (incurring charge)

Date

Notes (Cheque # / Receipt #)