



FLORIDA FOOTBALL ALLIANCE REFEREES ASSOCIATION

"Committed to Getting It Right!"

2010 APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY AND LEGIBLY YOUR NON-REFUNDABLE REGISTRATION FEE MUST BE SUBMITTED WITH YOUR APPLICATION

APPLICANT INFORMATION

_____	_____	_____
Last Name	First Name	MI
_____	_____	
Date of Birth	Taxpayer Identification Number	
_____		_____
Mailing Address		Apartment/Unit
_____	_____	_____
City	State	Zip Code
_____	_____	
Home Telephone Number	Cellular Telephone Number	
_____	_____	
Business Telephone	Facsimile Telephone Number	

E-Mail Address (VERY IMPORTANT TO LIST ONE YOU FREQUENTLY VIEW)		

FOOTBALL OFFICIATING QUESTIONNAIRE

RETRUNING 2009 FFARA OFFICIAL? (CHECK BOX)

Please list the year you started, the leagues or divisions, playoff experience and championship games.

YOUTH

_____	_____	_____	_____
Year Started	League(s) or Division(s)	Playoffs	Championships

HIGH SCHOOL

_____	_____	_____	_____
Year Started	League(s) or Division(s)	Playoffs	Championships

COLLEGIATE

_____	_____	_____	_____
Year Started	League(s) or Division(s)	Playoffs	Championships

MINOR LEAGUE/ SEMI-PRO

_____	_____	_____	_____
Year Started	League(s) or Division(s)	Playoffs	Championships

PROFESSIONAL/INDOOR/OTHER

_____	_____	_____	_____
Year Started	League(s) or Division(s)	Playoffs	Championships

POSITION(S)

_____	_____
List positions in order of experience working it (Example: U - R- LJ)	Positions you will not work

UNIFORM

2" striped officials shirt? _____ Does it have a number? List. _____ Hat Size _____

ASSOCIATIONS

List associations Collegiate, High School or that you are a member of.

TRAVEL

Please indicate an approximate radius that you are willing to travel to officiate a game. (Example you're in Miami but will work Cape Coral, Stuart)

FOOTBALL OFFICIATING QUESTIONNAIRE (Continued)

Have you ever had your membership in a local, state or national officials association suspended, revoked or terminated in any sport?

Yes _____ No _____

Are you related to or close friends with any owner, player or coach for the teams we service?

Yes _____ No _____

Have you ever had a professional or other license suspended or revoked?

Yes _____ No _____

Have you ever been arrested?

Yes _____ No _____

Understanding that officiating football is a physically demanding undertaking is there any physical condition that would limit you from working any football game at any level?

Yes _____ No _____

Have you ever been diagnosed with hypertension or other heart related condition?

Yes _____ No _____

If your answer to any of the above questions was yes, please provide an explanation and the appropriate documentation including disposition of the case. Please note that your affirmative answer does not automatically disqualify you from membership. A determination will be made only after all the relevant facts and documentation have been received.

CERTIFICATION AND NOTICE OF INDEPENDENT CONTRACTOR STATUS

Applicant hereby certifies that all information contained in this application is true and correct to the best of the Applicant's knowledge and belief. Applicant further agrees that should they learn that any of their answers would be different or should some incident or event happen in the future that would change one of the answers or information contained herein. That Applicant agrees to report this incident to the Director of Officiating or their Regional Supervisor as soon as possible.

Applicant agrees to abide by rules, regulations, procedures, by-laws and guidelines as set forth by the Florida Football Alliance Referees Association and those set forth by the leagues its services. Applicant fully understands that they are not an employee of the Florida Football Alliance Referees Association, the Florida Football Alliance and/or any league or team, and that officiating services provided by the applicant are as an independent contractor. I have registered with the Florida Football Alliance Referee's Association to receive assignments, training and continuing education to further my skills as an official.

Applicant further understands that if their application is accepted they will have all privileges associated with membership. Applicant understand that there is no guarantee as to the number or quality of assignments and that there will be unreimbursed travel involved. Assignments are based on availability and a members experience, skill, commitment and motivation. Applicant assures Florida Football Alliance Referee Association that I will accept only assignments that I am capable of completing and that turning back assignments, not reporting to assignments or reporting late to assignments could negatively impact future assignments. Applicant still further understands that their conduct on the field may result in discipline that may include suspension or the withholding of assignments.

Applicant submits this application together with their application fee of **\$40.00** understanding that the fee is non-refundable once submitted. Membership is annual, requires application and expire on August 1, 2010.

Make registration checks payable to **FFARA** and mail together with your Application for Membership to Florida Football Alliance Referees Association, 7245 SW 61 Street, Miami, Florida 33143

Signature

Date

FFARA USE ONLY

Date Received: _____ Method: _____ Received By: _____