

**CALIFORNIA SOFTBALL
OFFICIALS ASSOCIATION
LONG BEACH UNIT
MEMBERSHIP APPLICATION**

2019 HIGH SCHOOL SOFTBALL SEASON

RETURNING UMPIRE _____

NEW UMPIRE _____

(PLEASE PRINT)

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS: _____

CITY _____ ZIP _____

PHONES: CELL _____ WORK _____

HOME _____ E-MAIL _____

SOCIAL SECURITY _____ DATE OF BIRTH _____

***NOTE* YOU MUST HAVE A PHONE NUMBER, E-MAIL, & SOCIAL SECURITY NUMBER
WITHOUT THESE YOU WILL NOT RECEIVE GAMES**

UMPIRE EXPERIENCE – NUMBER OF YEARS

HIGH SCHOOL _____ ASA _____ PARK/RECREATION _____ SCMAF _____

OTHER HIGH SCHOOL ASSOCIATIONS AFFILIATED WITH:

*******PLEASE MAKE CHECKS PAYABLE CSOA Long Beach Unit*******

MAIL THIS FORM, FEES, PROOF OF INSURANCE, SIGNED ETHICS & LIABILITY FORMS TO

RALPH ARANDA
11262 Clarkman St.
Santa Fe Springs, CA 90670
562-400-3428 (Cellular) **562-868-2690** (Home)

ADMINISTRATIVE USE ONLY

DATE _____ AMOUNT COLLECTED \$ _____ CHECK # _____

Liability Form: _____ *Proof of Insurance:* _____ *Ethics Form* _____

BALANCED OWED _____ SIGNED _____

