

**MOBILE COUNTY BASKETBALL
OFFICIALS' ASSOCIATION**

**Membership Application
2016-2017**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (Home) _____ **(Business)** _____

Cell Phone: _____ **Are You Registered with AHSAA in any other sport? Yes No**

If yes, which sport? _____

SOCIAL SECURITY #: _____

E-MAIL ADDRESS: _____

DATE of BIRTH: _____ **AHSAA #:** _____

Years Experience as a Basketball Official:

College: Men _____ **Women** _____ **High School: BV** _____ **GV** _____
JV _____ **FR** _____

Other: (Specify): _____

Approximately, how many varsity boys' or girls' games did you call in Mobile or Baldwin Counties last year? _____

Annual Membership fee is set each year by the Association's Executive Board.

Unable to work (Circle) M T W TH F S (Nights: 5:00pm on)

M T W TH F S (Afternoons: 3:00-5:00pm)

Unavailable Dates: _____

Personal Scratches: _____

Signature: _____ **Date:** _____

Voting Member Sponsor: _____