



Athletic Officials Service

Membership Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____

Sport: Basketball Membership Football Membership Dual Membership

IHSA ID #: _____

Officiating Experience: (in years)

Football: Varsity ____ Underclass ____ IHSA Level (C - R - X) ____

Basketball: Varsity ____ Underclass ____ IHSA Level (C - R - X) ____

Please give a brief description of your officiating experience:

AOS referral(s): _____

Annual Dues

First Year Member \$25

Renewing Member \$43 - Single Sport Membership
\$57 - Dual Sport Membership