

# CLOA MEMBERSHIP APPLICATION – 2020

I hereby apply for membership in the Connecticut Lacrosse Officials Association. I agree to fulfill all obligations for new official classes, pay my dues, pay my assessment by July 30, 2020, pass the NFHS test, attend regular meetings and the annual clinic. I also understand that acceptance of renewal of my membership is subject to the sole discretion of the Executive Board of CLOA.

Current contact information currently on file is printed below. Please make any corrections or changes.

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

Have you been convicted of a crime or are there any pending criminal/motor vehicle cases pending against you? YES/NO. If yes, please give all details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may be subject to a review of the sex offender registry before eligibility for membership is granted. A positive finding will result in the termination of my membership application. I also understand that I have a continuing duty to disclose to the CLOA any criminal charges, impaired motor vehicle operation charges and/or convictions of such that occur after the date I sign this application.

I understand and agree to the application rules, regulations and Bylaws of CLOA.

Signature

Date

\_\_\_\_\_  
\_\_\_\_\_

New Officials Class	\$50
Membership Dues to join CLOA	\$50

Total Due:

**\$100**

Please make out checks to CLOA. We also accept payment through PayPal at the account of cloaeb@gmail.com.

Mail application and check to:

CLOA  
P.O. Box 485  
Wallingford, CT 06492