



ESFA Referees Branch Application for Membership

ESFR No: _____

Title	Family Name	Given Name(s)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			Post Code
<input type="text"/>			<input type="text"/>
Suburb			
<input type="text"/>			
Phone	Mobile	FFA No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
All referees must have an FFA number			
Phone - (Business)	Fax	If any of your contact details change during the year, please notify ESFA RB	
<input type="text"/>	<input type="text"/>		
E-Mail (Primary) Please provide an email address is possible			
<input type="text"/>			
E-Mail (Alternative)			
<input type="text"/>			
Will you be an active referee (officiating on games) this year?			
		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
↓			
NB: All members intending to referee will need to notify their availability using the electronic form available on the website: www.esrefs.com.au before being appointed to any games			
Are you currently a member of any other referee organisation?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
		Name of Organisation	
		<input type="text"/>	
I hereby apply for membership and agree to be bound by the Rules and By-Laws of the Association and the NSW Soccer Referees Inc and request that the Association deduct from fees owing to me by ESFA Referees' Branch any membership fees, registration fees and levies payable to the Association and any charges for equipment purchased from the Association.			
I hereby confirm I have read and understand and accept the provisions of the Privacy Policy Statement on the reverse side of this application form.			
Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
Signature of Guardian (for applicants U18 Yrs)	<input type="text"/>	Date	<input type="text"/>
Print Name of Guardian	<input type="text"/>		
ESFA Referees Branch PO BOX 135 Botany NSW 2019 P.02 9666 8686 F. 02 9666 8696 E. referees@esfa.com.au W. www.esrefs.com.au			

Please forward completed form to: referees@esfa.com.au or FAX 9666 8696