



**THE BRITISH COLUMBIA SWIM
OFFICIALS ASSOCIATION**

APPLICATION FOR RENEWAL/MEMBERSHIP

(\$10.00)

NAME _____

ADDRESS: _____
(Mailing Address)

CITY: _____ (Postal Code)

PHONE: _____ FAX: _____

EMAIL: _____

LEVEL: _____ REGION: _____
(Official Certification)

CLUB AFFILIATION: _____

REQUIRE NAME TAG: (**ADDITIONAL \$5.00**) (Please Circle One) YES NO

NAME ON NAME TAG: _____

RETURN WITH CHEQUES OR MONEY ORDER TO:

Sally Clisby - Registrar
1950 Richardson Ave.
Comox, Bc
V9M 2B4

Please make Cheques Payable to The BC Swim Officials Association (BCSOA)