

**CALIFORNIA SOFTBALL
OFFICIALS ASSOCIATION
LONG BEACH UNIT
MEMBERSHIP APPLICATION**

2024 HIGH SCHOOL SOFTBALL SEASON

RETURNING UMPIRE _____ NEW UMPIRE _____ TRANSFER _____

(PLEASE TYPE/PRINT)

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS: _____

CITY _____ ZIP _____

PHONES: CELL _____ WORK _____ EXT. _____

E-MAIL _____ DATE OF BIRTH _____

***NOTE* YOU MUST HAVE A PHONE NUMBER, E-MAIL ADDRESS IN ORDER TO RECEIVE GAMES THROUGH ARBITER**

UMPIRE EXPERIENCE – NUMBER OF YEARS

HIGH SCHOOL _____yrs. ASA _____yrs. PARK/RECREATION _____yrs. SCMAF _____yrs.

OTHER HIGH SCHOOL SOFTBALL UNITS AFFILIATED WITH (Dual Memberships)

**MAKE CHECKS PAYABLE ‘CSOA Long Beach Unit’ or VENMO TO: @ralph-aranda
You can send money now and bring forms to the meeting**

RETURN THIS FORM, PROOF OF INSURANCE, SIGNED ETHICS & LIABILITY FORMS TO

RALPH ARANDA
11262 Clarkman St.
Santa Fe Springs, CA 90670
562-400-3428 (Cellular)
CSOALONGBEACH@GMAIL.COM

ADMINISTRATIVE USE ONLY

DATE _____ AMOUNT PAID \$ _____ CHECK # _____ VENMO _____ CASH _____

Liability Form: _____ *Proof of Insurance:* _____ *Ethics Form* _____

SIGNED _____