



Western Maryland Lacrosse Officials Association

2006 Membership Application

Your Name			Sport you officiate (Boys, Girls, Both)		
Street Address			Social Security Number		
City			State	Zip	
Date of Birth	US Lacrosse Member Number and Expiration Date **			NF (MPSSAA) Member Number **	
Your Phone Numbers:	Evening	Daytime	Cell	Pager	Fax
Your Email Address:				Latest time we can call (PM):	
FILL IN THIS LINE ONLY IF YOU ARE A HIGH SCHOOL STUDENT:	Name of school you attend			Grade	

Please describe your experience:

As a Lacrosse Official (years):	Youth	High school	College	Post-College/Club	Current Grade
As a Lacrosse Player (years):	Youth	High school	College	Post-College/Club	
As a Lacrosse Coach (years):	Youth	High school	College	Post-College/Club	
As an Official in another sport:	Sport/Years/Rank	Sport/Years/Rank	Sport/Years/Rank	Sport/Years/Rank	

Please describe your training as a lacrosse official:

Date and Location of Initial Training	Instructor	Date and Location of Other Training	Date and Location of Other Training
---------------------------------------	------------	-------------------------------------	-------------------------------------

I understand and agree that:

- (a) I am considered an Independent Contractor, and that I am therefore free to accept or decline any game assignments offered to me by any assignor working on behalf of the Western Maryland Lacrosse Officials Association (WMLOA).
- (b) I authorize WMLOA to collect game fees on my behalf. I understand that WMLOA shall not be responsible for withholding any taxes, and that I shall have no claim against WMLOA, Assignors, teams, leagues or otherwise for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind.
- (c) In the event that fees for my assignments total \$600 or more in a calendar year, WMLOA will report this as miscellaneous income to the IRS and furnish me a copy of Form-1099-MISC.
- (d) I shall decline or turn back any assignment at least 72 hours prior to its scheduled start or I shall be liable for payment of a penalty fee.
- (e) I am required to obtain and maintain liability insurance in the amount of at least one million dollars per occurrence covering my acts as an assigned official. By providing WMLOA with information regarding my availability to officiate games, I signify that I have fulfilled this requirement.
- (f) I agree to promptly pay dues, fees, and other assessments as required by WMLOA, and select one of these options:
- I authorize WMLOA to deduct dues, fees, and assessments from game fees collected on my behalf, including fees in advance of the following season. I understand that this shall remain in force unless and until I notify WMLOA in writing of my desire to revoke this authorization.
 - I do not authorize WMLOA to deduct dues, fees, and assessments from game fees collected on my behalf. (Unless you specify otherwise, this is the default action).

Signature	Date Signed
-----------	-------------

SPACES BELOW FOR WMLOA USE ONLY:

Membership Approved by:	Date Approved	Fee Payment: Cash/Check #:
Signature	Member Number	Amount