



\$35.00 DUES COVERS ALL SPORTS
One annual payment provides member benefits
for one year from the date payment is received by the NFHS.
OFFICIALS GROUP MEMBERSHIP APPLICATION

NAME OF PERSON COMPLETING FORM _____ TODAY'S DATE _____

NAME OF GROUP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE: (____) _____

Check/Money Order MasterCard VISA Card# _____ - _____ - _____ Exp. ____/____

Cardholder Name _____ Signature _____

1. This form is for SPORT officials only. Forms are also available for coaches, cheerleading, music, and speech and debate. To request forms for these organizations, call 317-972-6900.

2. Fill out information below (no nicknames please) and mail payment to:

NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS
PO BOX 690
INDIANAPOLIS, IN 46206
For further information, call 317-972-6900

PLEASE, NO PURCHASE ORDERS
 TOTAL AMOUNT ENCLOSED \$ _____

***Required Fields**



- PLEASE PRINT -

*Name _____
 Last First Middle

*Address _____

*City _____ State _____ Zip _____

Date of Birth _____ Telephone (____) _____

*E-mail Address: _____

CHECK SPORTS OFFICIATING THIS SCHOOL YEAR

<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Gymnastics—Boys	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Gymnastics—Girls	<input type="checkbox"/> Swimming & Diving	<input type="checkbox"/> My sport is not listed.
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Tennis	It is _____
<input type="checkbox"/> Football	<input type="checkbox"/> B/G Lacrosse	<input type="checkbox"/> Track & Field	

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