



Serving Hillsborough, Pasco, & Hernando Counties

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web: www.wcwo.org

Application for Membership
2009-2010

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Home Phone () _____

Cell Phone: () _____ Email: _____

Date of Birth: ____ / ____ / ____ SSN: ____ - ____ - ____

Experience (yrs. completed):

WCWO: _____

Florida: _____

Other (specify): _____

Total Experience: _____

Registration Fee: \$50 Student Fee: \$10
Late Fee (after 10/13/09): Add \$20

FP Credit: _____

Amt. Paid: _____

Rvcd. By: _____

Pmt. Method: _____

By my signature below, I acknowledge that my membership in WCWO is conditional upon the following:

- 1. I agree to read and abide by the by-laws of the West Coast Wrestling Officials, Inc., and the policies and guidelines of the FHSAA and NFHS, including but not limited to my consent and compliance with a Level 2 Background Check which includes fingerprinting; my obligation to provide an accurate and timely list of my available work times; to arrive to my scheduled events on time; to always wear the proper uniform, be neatly groomed, and have in my possession all necessary materials and equipment; and to at all times display appropriate behavior and demeanor as to represent the WCWO and FHSAA in a professional manner. I acknowledge and agree that failure to do so may result in disciplinary action which may include fines, suspension, or both.
2. I agree to register and remain in good standing with the FHSAA (except in the case of a permissible leave of absence or honorary membership).
3. I agree to develop myself as a quality official, including actively participating in training activities, meetings, and attending required FHSAA clinics.
4. I agree to timely notify the Assignment Officer or other Board Member of any situation which requires me to do so, including scheduling conflicts, cancelled, postponed, or delayed events, unsportsmanlike conduct situations, etc.

Applicant Signature: _____ Date: _____