

2010 USWOA Membership Application

Dues \$25.00 Valid September 1, 2009 through August 31, 2010

Please **PRINT LEGIBLY** the following information:

NAME _____

****Mandatory for processing**** Date of Birth: Month/Day/Year _____

****Applicants 18 and over must complete a background check, good for two membership years.**

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ OFFICE _____

Email _____

Mat Official (____) Pairing Official (____) (chose one or both)

NEW APPLICANT (____) If you have not been a member in the past three years, and have no license book.

RENEWAL (____) PRESENT CATEGORY _____ LICENSE # _____

APPLICANT ACKNOWLEDGES THAT HE/SHE SHALL BE BOUND BY THE BY LAWS OF USA WRESTLING AND THE POLICIES AND PROCEDURES OF THE UNITED STATES WRESTLING OFFICIALS ASSOCIATION.

Signature: _____

****Replacement (lost)** USWOA License Book: \$5.00 (____) **Replacement (lost)** USWOA Stamp: \$2.00 (____)

If you would like to send a contribution to the Officials' Room at the National Wrestling Hall of Fame in Stillwater, Oklahoma, please note the amount of your contribution below and add that amount to your dues. Your contribution will be forwarded to the National Wrestling Hall of Fame. Additional amount: Please donate \$_____ to the National Wrestling Hall of Fame.

MAIL COMPLETED MEMBERSHIP APPLICATION AND CHECK OR MONEY ORDER TO:

**USWOA
6155 Lehman Drive
Colorado Springs, CO 80918**

Phone: 813-655-4136 or 800-999-8531 Fax: 813-655-4536
email: uswoaoffice@verizon.net

Make checks (no cash) payable to: "USA Wrestling"

Total enclosed _____

On line registration available at: themat.com/membership

If you need help registering, call 813-655-4136



FOR OFFICE USE ONLY

DATE RECEIVED _____ CHECK NO. _____ MONEY ORDER _____