New River Officials Association Membership Application P.O. Box 915, Jacksonville, NC 28540

Date	SSN			
Last Name	First Name	Int		
Address				
City	State	e Zip		
Email	Cell	Phone		
Home Phone	Work Phone			
Place an (X) nex	xt to the sport you wish to partici	pate in:		
☐ Baseball ☐ Basketball ☐ Fo	ootball 🗆 Soccer 🗀	Softball		
Of	ficiating Experience:			
<u>Sport</u> <u>Years</u>	Highest Lev	<u>rel</u>		
Baseball				
Basketball				
Football				
Soccer				
Softball				
Volleyball				
	Sport	Years		
Have you any experience with rules	clinics? Sport	Years		
	Sport	Years		

Name o	of Association			
Date of	Membership			
Name o	of Association			
Date of	Membership			
Name o	of Association			
Date of	Membership			
	e (3) personal references:			
Name Address				
City		State		
City	Phone Number	_ 5tate		
Name				
Address	s			
City		_ State	Zip	
	Phone Number			
Name				
Addres	s			
Address City	s	State_	Zip	

List past Association(s), (include current memberships):

NORTH CAROLINA:

ONSLOW COUNTY:

	North Carolina corporation (hereinafter referred to as, social security number
hereinafter referred to as "Official") he	ereby agree as follows:
·	NROA to contract with various civic, Government, and cials to officiate various sports and contract with individual
Official shall be that of an independent NROA in all dealings and relationships contemplated hereunder according to l of this agreement; that any control or	and is the express intention of the parties, that an individual to contractor and not a joint venture, partner or employee of existing out of the agreement. The official shall do the work his own initiative in accordance with the terms and conditioning right of control by NROA shall be solely over the results to be the method of doing the work, except as agreed upon by the lent addendum to said agreement.
agrees to accept with professionalism,	best efforts to officiate all sporting events which he/she fairness, and with knowledge application of the rules of that the safety of the participants, coaches and spectators is the
4. This contract may be canceled	ed at any time by mutual consent of both parties.
Date	
Ву	- D -
President	ANER OXA
AttestSecretary	NOITATION SELVINOR STATES

Official