

COBOA MEMBERSHIP APPLICATION

Date: _____

OHSAA License # _____ Class _____

Name _____
Last
First
MI

Address _____

Home Phone _____ Work Phone _____

Fax Phone _____ email address _____

Cell Phone _____ Other Phone _____

Number of years officiating: Girls: Boys: Both:

States Licensed in: _____

Leagues Worked: _____

How did you hear about COBOA ?

OHSAA	Classroom	Other Off.	Member	Other
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Please enclose a current schedule and any supporting information about your officiating background. (Letter from assignors and or Association Secretaries)

Please Mail to: **Dues: \$ 25.00 Annually**
Malt Brown
COBOA Secretary
1935 Meander Dr.
Columbus OH 43229

COBOA use only:
 Ex Comm Class Dues Obsd Schd Tfr / New