

E M S O A
EASTERN MASSACHUSETTS SWIMMING OFFICIALS ASSOCIATION
2004-2005 Season

Check One _____ Current E.M.S.O.A. Member

_____ New Member

Name First Last [Use Name on your SS# card]

Address Street City State Zip

Home Phone (Inc. Area Code)

Work Phone (Inc. Area Code)

Social Security Number (required
for Insurance purposes only)

S M L XL XXL
Shirt Size (Circle One)

New Members – Previous Experience/Certification

Complete this form, and enclose a check to **EMSOA** for **\$50.00** and return **ASAP** to:

Robert Garon, 47 Kenneth Road, Scituate, MA 02066

NOTE: Your response **MUST** be received by July 2nd for you to be included on the EMSOA/MIAA roster and insurance policy. Responding later will result in your **NOT** being listed.

* **E-MAIL ADDRESS:** _____
(Please enter your e-mail address; it is the preferred method of contact)