

**E M S O A**  
**EASTERN MASSACHUSETTS SWIMMING OFFICIALS ASSOCIATION**  
**2003-2004 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 **\$49.00** and return **ASAP** to:

Robert Garon, 47 Kenneth Road, Scituate, MA 02066
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**NOTE:** Your response **MUST** be received by June 27<sup>th</sup> 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)