

WNE Chapter
202 Velma Avenue
Pittsfield, Ma 01201
413-445-5501

EAIFO Biographical Profile

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Phone (H) _____ Social Security Number _____
(Area Code)

Phone (B) _____ Extension: _____ Date of Birth: _____
(Area Code)

(Cell) _____ Email #1 _____
(Area Code)

(Fax) _____ Email #2 _____
(Area code)

PERSONAL cont'd

Football Playing Experience (From - To): _____	Football Officiating Memberships (From - To): _____
High School: _____	High School: _____
College: _____	College: _____
Other: _____	Other: _____
Year Began Officiating: _____	Special Limitation on Assignments, e.g., Employment or Children's College Affiliation: _____
Mileage to Nearest City: _____	_____
Height: _____ Weight: _____	_____

Officiating Position (Prime) Referee Umpire Linesman Line Judge S/F/B Judge Clock Operator

Position (Second) Referee Umpire Linesman Line Judge S/F/B Judge Clock Operator

Occupation _____

Employer: _____

EDUCATION

TYPE OF SCHOOL	NAME of SCHOOL	LOCATION	# OF YEARS	From	To:	DEGREE, DIPLOMA, CERTIFICATE RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						

Miscellaneous

Notes:

REFERENCES (must include at least two EAIFO members)

Name	City, State	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of membership consideration, or dismissal from membership. I authorize the chapter to contact any and all of the references I have listed above to obtain previous association(s) information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this chapter. (WneProfile-03.opm) 3/22/2003

Signature _____ Date _____

[WNE Chapter]
 [202 Velma Avenue]
 [Pittsfield, Ma 01201]
 [413-445-5501]

EAIFO Membership Application

Name: _____

Date: _____

Address: _____

Time: _____

City: _____ State: _____ Zip: _____

Game	DATE	HOME /VISITING TEAMS	CITY / STATE	REFEREE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

In the spaces above, list the requisite last 25 varsity high school and/or college games worked during the past four years. List the location and if possible, the name of the Referee for each game.