

**Southern Illinois Volleyball Officials Association**  
Membership Application

New Member     Member Renewal

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

LICENSE LEVEL (X –REGISTERED, R- RECOGNIZED, C-  
CERTIFIED): \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_

IHSA ID#: \_\_\_\_\_

IF YOU ARE ELIGIBLE FOR THE TOP 15 LIST, DO YOU WANT TO  
BE CONSIDERED FOR VOTING? \_\_\_\_\_

Yearly Dues are \$25 and are due by July 15<sup>th</sup>. A late fee of \$10 will be  
accessed for renewals after July 15<sup>th</sup>.