



# NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION

## APPLICATION FOR CHAPTER TRANSFER

**TO:** Members who wish to transfer from one chapter to another

**FROM:** Tom Richardson, NISOA Associate Director of Membership

1. Any member who wishes to transfer from one chapter to another **MUST** complete this form and forward it to the chapter contact from where the referee is currently a member. It is also the responsibility of the transferring member to communicate with the new chapter contact, whose name is in the NISOA Information Booklet.
2. Upon receipt of this form, the chapter contact, from where the referee is leaving, shall verify, sign and forward copies to:
  - a. the chapter contact where the referee is moving (names and addresses are located in the NISOA Information Booklet)
  - b. Tom Richardson, NISOA Associate Director of Membership  
574 Thomas Ross Lane, Kernersville, NC 27284-3784

Name of Referee \_\_\_\_\_

Old Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Present Chapter \_\_\_\_\_

New Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

New Chapter \_\_\_\_\_

New Chapter Contact \_\_\_\_\_

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**TO BE COMPLETED BY THE CHAPTER CONTACT FROM WHERE THE REFEREE IS LEAVING AND COPIES FORWARDED TO THE NEW CHAPTER CONTACT AND TOM RICHARDSON, NISOA ASSOCIATE DIRECTOR OF MEMBERSHIP.**

Dear Chapter Contact,

I have checked the above information and verify the above mentioned referee \_\_\_\_ has \_\_\_\_ has not paid his/her National NISOA dues to our chapter for the current season.

Chapter Contact's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_