



HOT Volleyball Chapter Membership Application

Member Texas Association of Sports Officials (TASO)

Membership Type (check all that apply)

New

Renewal

Transfer from:

Dual

Primary:

H.O.T. or

Other chapter

Name of chapter

PLEASE PRINT LEGIBLY AND LARGE

TASO ID#

Last name

First name

Address

City, State, Zip

Cell phone

Work phone

Email

Please read carefully. I understand and agree that:

1. Annual membership in the HOT Chapter or state organization does not guarantee match assignments.
2. I am responsible for notifying the Chapter Recording Secretary of any changes to my contact information or conflicts of interest and post it in RefTown.
3. I am responsible for notifying the Chapter Assignment Secretary of any changes to my availability and posting it in RefTown.
4. I am responsible for the contents of the HOT Chapter Constitution and By-laws as posted on the chapter website at **hot-volleyball.com**.
5. I am also responsible for the contents of the TASO Constitution and By-laws, TASO Volleyball Procedures and all TASO Policy Letters posted on the TASO web site.
6. TASO provides insurance directly to its members as part of TASO dues.
7. In accepting match assignments from the chapter, I am acting as an independent contractor.
8. All match assignments received from the chapter are subject to revocation, cancellation, or reassignment.
9. I will file all match reports as required by the HOT Chapter, TASO, and UIL requirements.
10. I certify that this information is true and correct and I understand that the HOT Chapter may verify all or any part of this information.

Signature:

Date:

For office use only

H.O.T. dues

Books

Test score

TASO dues

Clinic

Scrimmage

Revised: July 22, 2020