



Lakeland Officials Association Membership Application

Name: _____ Age: _____

Home Address: _____

City/Zip: _____ Phone: _____

Business Phone: _____ Mobile Phone: _____

Email: _____

WIAA Number: _____ WIAA Level: _____

Sports Registered: _____

Brief Outline of your Experience: _____

Are you a Student? _____ School: _____ Year: _____

I hereby apply for membership in the LOA and understand that the purpose of the Association shall be to obtain uniform rules interpretations, to improve officiating techniques, and to help foster higher standards of officiating at all levels. I shall attend all meetings and comply with all rules and to take part in any way requested if accepted to membership.

Signature: _____ Date: _____

Please send your completed application along with
the \$40 annual membership fee (checks payable to **LOA**) to:

Lakeland Officials Association
N6032 Grey Fox Trail
Sullivan, WI 53178