



IRISH SOCCER REFEREES SOCIETY
FOUNDED IN 1959
MEMBERSHIP APPLICATION FORM

Name: _____ D.O.B ____/____/____

Full Address: _____

Telephone: _____ Mobile: _____

E-Mail: _____

League affiliated to (*if applicable*): _____

Beginner's course date: _____

Date of commencement of refereeing (*if applicable*): - -

Tick the boxes as required

Have you been a registered referee in any other country Yes No

If Yes, please give details: _____

Have you previously applied for membership of the ISRS Yes No

If Yes, please give details: _____

Have you been a member of any branch of the ISRS in the past Yes No

If Yes, please give details of the Branch: _____

Have you completed and returned to the FAI the Garda vetting form Yes No

If Yes, please give Date: _____

Do you agree to abide by the rules of the local branch and of the ISRS Constitution Yes

I have received a copy of the Branch rules Yes

I acknowledge that the ISRS has purchased a policy of insurance on my behalf covering me, With respect to injuries which occur whilst training for or carrying out my duties as a referee. By joining ISRS, I agree to the terms and conditions of the policy and accept that I am obligated to abide by the limits and requirements, should a claim be made on this policy by me.

Signed: _____ Date: ____/____/____

Official Use Only: _____