

# Fairfield County Board of Approved Basketball Officials, Inc.

A Chartered Board of the International Association of Approved Basketball Officials, Inc.

## APPLICATION FOR MEMBERSHIP

Date of Application \_\_\_\_\_

I hereby apply for membership into the International Association of Approved Basketball Officials, Inc. (IAABO) through the Fairfield County Board of Approved Basketball Officials, Inc. (IAABO Board 9). My application fee of \$145.00 is enclosed.

I acknowledge and agree that I will be subject to a criminal background check conducted by the Connecticut Interscholastic Athletic Conference.

If my application is approved, I agree that the application fee is non-refundable. If my application is not approved, I understand that my application fee will be refunded to me in full. I agree to take the mandatory written rules exam on the date set by IAABO #9. I understand that this will be the only date the written rules exam will be administered. I also understand that if I achieve a passing grade on the written rules exam I will be eligible to participate in the mandatory practical floor exam at a date set by IAABO #9. Finally, I understand that I must achieve a passing grade on both the written and practical floor exams to be eligible for membership into IAABO.

I confirm that I reside in Fairfield County Connecticut, I am age 18 or older and in good health.

I understand and agree to the above criminal background check, application rules & regulations and agree to complete this application honestly and completely and to submit any additional information pertaining to this application if requested.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Other Phone \_\_\_\_\_

E Mail Address \_\_\_\_\_

Employed By \_\_\_\_\_

Employment Telephone Number and Contact Person \_\_\_\_\_

Have you ever been arrested or convicted of any crime against a minor or any sexual, illegal substance related or violent offense?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever appeared on a sex offender list in Connecticut or any other state?

Yes  No

References: Two signatures (if signatures not possible then please list names) of any of the following: Coaches, Athletic Directors, IAABO members or any person in your community who is familiar with you.

1. Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

2. Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

THIS APPLICATION MUST BE FILLED OUT COMPLETELY, SIGNED BY THE APPLICANT AND RETURNED WITH THE \$145.00 APPLICATION FEE OR IT WILL NOT BE ACCEPTED.

PLEASE MAKE YOUR CHECK PAYABLE TO : **IAABO BOARD 9**

***THIS APPLICATION MUST BE RETURNED SO IT IS RECEIVED BY SEPTEMBER 1ST***

Send to:

Craig Zysk  
Secretary-Treasurer  
IAABO Board 9  
12 Sara Nor Drive  
Shelton, Conn. 06484