



# Membership Application

[www.umps.org](http://www.umps.org)  
PLEASE PRINT



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you a registered IHSA Official?

Yes  No

IHSA # \_\_\_\_\_

Rating: X R C

Officiating Experience (Please circle all appropriate)

<u>Level</u>
High School
College
Park District
Adult League
American Legion

<u>Years of Experience</u>
0-3
4-5
6-10
11+

Have you been training in the following?

(Please circle all appropriate)

- 1 Man Mechanics
- 2 Man Mechanics
- 3 Man Mechanics

\_\_\_\_\_  
Signature of Applicant

MEMBERSHIP FEE: \$40.00 Make check payable to: UMPS  
DO NOT SEND CASH IN THE MAIL! MAIL THIS APPLICATION TO:

UMPS  
PO Box 586  
Dundee, IL 60118