



IRISH SOCCER REFEREES SOCIETY

Founded in 1959

MEMBERSHIP RENEWAL FORM

Name: _____ D.O.B - -

League affiliated to: _____

I 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 renewal of membership with the 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: - -

If any of your details have changed since your last renewal please amend the changes below

Full Address: _____

Telephone: _____ Mobile:

E-Mail: _____

League affiliated to: _____

Official Use Only: _____