



2025

SAVOA Membership Application

- New
 Renewal
 Reinstatement
 Dual or Transfer (circle one)
 If Dual State Primary Chapter _____
 If Transfer State Chapter From _____

Last Name: _____ First/ Middle: _____
 Date of Birth: M: _____ D: _____ Y: _____ Gender: Female Male
 Home Phone: () - _____ Mobile Phone: () - _____
 Work Phone: () - _____ TASO ID# _____
 Street Address: _____ City: _____
 State: TEXAS Zip Code: _____
 Email: _____

Herein, San Antonio Volleyball Officials Association is referred to as, "Chapter", "SAVOA"

PLEASE READ CAREFULLY: I understand and agree that: 1. Membership in the Chapter and/or TASO does not guarantee game assignments. 2. I am responsible for informing the Secretary of any changes to my contact information as well as any change to my officiating availability/restrictions. 3. I will pay any applicable fee for canceling a game once I have accepted the game assignment. 4. TASO will provide accident insurance only for injuries sustained/arising from my officiating assignments subject to deductible and other policy limitations. 5. In accepting game assignments from the Chapter, I am acting as an independent contractor and as such, I am subject to being video/audio recorded and/or photographed. 6. I release all liability and hold harmless the Chapter, for the use of my likeness, and will not seek any form of compensation. 7. I will comply with the TASO and Chapter Policies. 8. All game assignments received through the Chapter are subject to revocation, cancellation or reassignment in the event I cease to be a member in good standing, or if it is in the best interest of the Chapter and/or TASO that the game be revoked, cancelled or reassigned. 9. I will file all required game reports as required by the Chapter and/or TASO and pay any applicable game fees, fines or assessments. 10. Except as listed on the attached sheet or as previously disclosed and ruled on by the Disciplinary Appeals Committee, I certify that, except for minor traffic offenses punishable by fine only, I have not (a) been convicted of a state or federal misdemeanor or felony offense, (b) been arrested on a pending state or federal misdemeanor or felony charge, or (3) received deferred adjudication or other deferred sentencing for a state or federal misdemeanor or felony offense. 11. I certify that this information is true and correct and I understand that TASO may verify all or any portion of this report (from TASO app. Rev. 08-2011). 12. I agree to abide by all SAVOA by-laws and operating procedures.

Signature _____ Date _____

NEW Member	To APPLY for SAVOA membership, submit this form, along with \$25 local chapter dues* You must also apply for TASO membership on TASO.org with state at the current newcomer rate, if you have never joined a TASO organization.
DUAL Member	To APPLY for SAVOA membership (first time), submit this form, along with \$25 local chapter dues*
RENEWING Member	To RENEW your SAVOA membership, submit this form, along with \$25 local chapter dues* and any balance owed for assigning fees**
FORMER Member	To REINSTATE your SAVOA membership, submit this form, along with \$25 local chapter dues* and any previous balance owed for assigning fees**

*Make checks for local chapter dues payable to: SAVOA, c/o Jeannie Thames, 13147 Feather Point, San Antonio, TX 78233

Check # _____ Cash _____ Date _____ By _____