**The information asked for in this form will be used for Society purposes**

**CROYDON REFEREES’ SOCIETY**

**MEMBERSHIP FORM — SEASON 2025/26**

Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname:  |  | Initials: |  |
| Preferred First Name :  |  | Date of Birth:  |  |
| Street Address : |  |
| Town : |  |
| County : |  | Postcode : |  |
|  |  |  |  |
| Telephone No. (Home) : |  |  |  |
| Mobile : |  |  |  |
| E-mail address : |  |
|  |  |  |  |
| If you are over 18 but in full-time education as at 1 April 2022, please state name of college or other educational establishment : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Refereeing history / experience

|  |  |  |  |
| --- | --- | --- | --- |
| County/ies registered with : |  | Not FA Regd : |  |
| Parent : |  | Other : |  | Examined (Year): |  |
| Level : |  | NPD number : |  | RAFA number: |  |
|  |  |  |  |
| Active or non-active : |  | When available (Sat/Sun/Mid-wk ) :  |  |
| Leagues you are registered with : |  |  |
| League Name: |  |  |  |
| Referee : |  |  |  |
| Assistant Referee : |  |  |  |

Can we help you / can you help others

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a qualified FA (If so please circle) | Assessor  |  Instructor  | Examiner | Mentor |
|  |  |  | Yes | No |
| Do you wish to be a mentor under the Society’s mentoring scheme? |  |  |  |  |
| Do you wish to be allocated a mentor? |  |  |  |  |
|  |  |  |  |
| Will you be attending Croydon RS meetings :  |  |  |  |  |  |
| If no, would you care to say briefly why?  |  |
|  |  |  |  |
| If you a member of another Society, which Society? |  | Full or Associate / Affiliated member |  |
|  |  |  |  |
| Are you an officer of a football club? (Name) |  |
| Are you an officer of a football league? (Name)  |  |

|  |
| --- |
| I confirm that I have read the Privacy Notice dated 25 May 2018[[1]](#footnote-1) and hereby consent to the Croydon Referees' Society having full use of my personal details above and sharing these with the Referees' Association for the duration of my membership of the Society or until I withdraw consent. I further acknowledge that my name, email address, and contact number as provided will be used to communicate with me.I will inform the Society if any details given above change.  |
| Signed : |  | Date : |  |

**Please send this form, together with your subscription to:**

**Stephen Maguire, 36 Sherwood Road, Addiscombe, Croydon, CR0 7DH**

1. A copy of the Privacy Notice can be requested from stephenjmag36@gmail.com [↑](#footnote-ref-1)