

# Eastern Massachusetts Baseball Umpires Association



## Membership Application

**(Please Print Clearly)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: (M/D/Y\*\*\*) \_\_\_\_\_

Check One: Regular (over 18 years) \_\_\_\_\_ Associate (under 18 years) \_\_\_\_\_

Are you currently or have you ever been a member of an MBUA Board? List Board and dates:

\_\_\_\_\_

List up to three members of the MBUA, who could attest to your health and character:

\_\_\_\_\_

List level desired to work: Little League: Minors/Majors \_\_\_\_\_ Babe Ruth \_\_\_\_\_ Freshmen/JV \_\_\_\_\_

List any previous Umpiring experience: \_\_\_\_\_

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### **Officials use only**

Clinic Fee Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

Application and Payment Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Exam Score:** \_\_\_\_\_