



EAST COAST UMPIRES ASSOCIATION

Middle School Application for Membership

NAME: _____
(FIRST) (LAST)

HOME: _____
(STREET) (CITY) (ZIP)

BUSINESS ADDRESS: _____
(STREET) (CITY) (ZIP)

HOME PHONE: _____ CELL PHONE: _____
(AREA CODE) (AREA CODE)

E-MAIL ADDRESS: _____

CHECK SPORT YOU UMPIRE: _____ BASEBALL _____ SOFTBALL

YEARS OF UMPIRING EXPERIENCE: _____

As a member of the East Coast Umpires Association I do understand that I will work all assignments that I accept from the assignor and will work both plate and base assignments as assigned (unless medically unable and notice is provided by a physician). I AGREE TO ABIDE BY THE BY-LAWS OF THE EAST COAST UMPIRES ASSOCIATION.

SIGNATURE: _____ DATE: _____

EXECUTIVE BOARD USE ONLY BELOW THIS LINE

DUES PAID/DATE: _____ TREASURE'S INITIALS: _____