



# EAST COAST UMPIRES ASSOCIATION

## NEW MEMBERS Application for Membership

NAME: \_\_\_\_\_  
(FIRST) (LAST)

HOME: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

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 that are posted on the web site [www.eastcoastumpires.org](http://www.eastcoastumpires.org)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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EXECUTIVE BOARD USE ONLY BELOW THIS LINE

DATE DUES PAID: \_\_\_\_\_ EXECUTIVE BOARD MEMBER \_\_\_\_\_

CHECK. Number: \_\_\_\_\_

CASH. Amount: \_\_\_\_\_