

CHESAPEAKE BASIN COLLEGIATE BASEBALL UMPIRES ASSOCIATION
MEMBERSHIP APPLICATION



NAME _____

Home Phone _____

ADDRESS _____

Cell Phone _____

Work Phone _____

CITY/STATE/ZIP _____

SS NUMBER _____ - _____ - _____

E-mail Address _____

MEMBER OF NCAA UMPIRE ASSOCIATION _____ Year Joined _____

Date of Birth _____ Height _____ Weight _____

High School Attended _____ Year Graduated _____

College Attended _____ Year Graduated _____

Occupation _____

Employer _____ Since _____

(Circle One)

Available for Weekday Assignments? YES NO

May we call your place of employment? YES NO

If you played the game of baseball, please supply a list of teams and dates

Do you officiate other sports beside baseball? _____

Are you familiar with any CBCBUA Members? If yes, please list

Please list on the back the umpire assignments that you have worked for the past five (5) seasons.
(Use additional paper, if necessary.)

When completed, please mail with a check for \$77.00 for processing to; Robert Brown,
2621 Oberlin Dr., York, PA 17404

PLEASE PRINT CLEARLY!!!!