

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: _____

Officials use only

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

Application and Payment Received By: _____ Date: _____

Exam Score: _____

CC: Massachusetts Baseball Umpires Association, MBUA

Current EMBUA Member Referral: