



BABE RUTH LEAGUE, INC. NATIONAL UMPIRES ASSOCIATION



P.O. Box 5000, Trenton, NJ 08638

APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____ PHONE: () _____
Area Code

ADDRESS: _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

EMAIL _____

OCCUPATION _____ AGE _____

EMPLOYER _____ PHONE: () _____
Area Code

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCAL UMPIRES ASSOCIATION _____

NAME OF PRESIDENT _____

ADDRESS OF PRESIDENT _____

CITY _____ STATE _____ ZIP _____

UMPIRING EXPERIENCE: (List types of games and how long you have umpired).

*Return this application to Babe Ruth League, Inc., P. O. Box 5000, Trenton, New Jersey 08638
With the appropriate application fee*

Membership Fees: Baseball - \$35 Softball - \$35 Baseball and Softball - \$60

INTERNAL USE ONLY

APPLICATION ACK. _____ TEST SENT _____ TEST RET'D _____

TEST SCORE _____ PASS _____ FAIL _____

FEE REC'D _____ MEMBERSHIP INFORMATION SENT _____ OTHER _____