



# MEMBERSHIP APPLICATION

New       Renewal

Date: \_\_\_\_\_

## Primary Contact Information

Full Name: \_\_\_\_\_      SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell: \_\_\_\_\_      Home: \_\_\_\_\_      Work: \_\_\_\_\_

Email: \_\_\_\_\_

Hat Size: \_\_\_\_\_      Tee Shirt Size: \_\_\_\_\_      Polo Shirt Size: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_      Phone: \_\_\_\_\_

## Years of Experience

High School Baseball: \_\_\_\_\_      TASO: \_\_\_\_\_      CCBUA: \_\_\_\_\_      Other: \_\_\_\_\_

TASO ID: \_\_\_\_\_      TASO Rating: Registered       Approved       Certified

Other TASO Sports: Football       Basketball       Volleyball       Soccer       Other: \_\_\_\_\_

## Volunteer Interest

Board Member       Training       Evaluation       Recruiting       MMWS Volunteer

Summer Baseball       Fall Baseball       Membership       Other: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_