



# 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: \_\_\_\_\_

I authorize CCBUA to withhold all game scheduling fees, TASO dues and Chapter dues from summer and fall baseball payments.      YES  NO

I authorize CCBUA to withhold one game fee from my summer baseball payment for the Lindsey Gunter Memorial Scholarship Fund.      YES  NO

If selected to officiate, I will donate my services at the AABC McKinney Mantle World Series.      YES  NO

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

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