

MEMBERSHIP

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More Info at UNY CBUA Website

http://www.unycbua.com

CBUA APPLICATION

Date _____

SPONSOR _____

Name _____

E-mail address _____

Wife/Sig Other _____

Address _____

City/State/Zip _____

Employer _____ Hours at work _____

Home Phone _____ Cell Phone _____

Business Phone _____

Experience _____

Umpire schools/camps attended - dates and place

Umpire Affiliations

Availability (from March to October)

Are you available for weekday games at noon? _____

Are you available for weekend doubleheaders? _____

Will you take time off from work? _____

References (Name and Phone number)

(3 minimum) _____

SIGNATURE _____

Return to: Tom Augustini

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Johnson City, NY 13790

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