

## C.O.B.U.A. MEMBERSHIP APPLICATION

Individuals applying for membership are requested to complete this form. You may wish to submit additional information which you feel would be helpful in evaluating your training and experiences relating to baseball. Please print carefully so it can be read by anyone needing the data.

Date \_\_\_\_\_ OHSAA Permit # \_\_\_\_\_ District \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Additional E-Mail \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Employer \_\_\_\_\_

Normal Work Hours \_\_\_\_ AM to \_\_\_\_ PM Available to umpire at \_\_\_\_ PM

List umpiring experience:

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List coaching experience:

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List playing experience:

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Send application to: COBUA Secretary, Dan Steiner 4441 Wetmore Rd. E., Columbus, OH 43224-1033 or e-mail to [dansportservices@aol.com](mailto:dansportservices@aol.com) (Enclose check for \$25 payable to COBUA).