

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:

List coaching experience:

List playing experience:

Send application to: COBUA Secretary, Frank Grubb, 3203 Summer Glen Dr, Grove City, OH 43123 or e-mail to cobual@gmail.com
(Enclose check for \$25 payable to COBUA).