

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 _____

Main Contact Phone () -

E-mail _____

List umpiring experience:

List coaching experience:

List playing experience:

Send application to:

COBUA
3203 Summer Glen Dr
Grove City, OH 43123-8500

or e-mail to cobua1@gmail.com

(Enclose check for \$30 payable to COBUA). Alternative payment method via Paypal to cobua1@gmail.com