

## Southern Massachusetts Umpires Association

## **Adult Membership Form**

Please print legibly

Fee Received
Amount:
Check #:
Reason:
Date Paid:
Received By:

*Required Information  *Legal Name: *City/town: *D.o.B.  *Address: *Zip Code: County: *State:   *Zip Code: County: **State:   *Zip Code: County: **State:   *Zip Code: County: **State:   *Zip Code:   *Zip Code: **State:   *Zip Code:   *Zip	Status:	Active Inactive Active Honorary Retired Honorary				Retired/	Resigned		
*Legal Name:  *Address:  *City/town:  *Cell Phone:  *E-Mail Address:  *E-Mail Address:  *Please answer the following 16 questions with a YES or NO answer. If left blank or you write maybe, we will consider this a No answer, and the association will plan accordantly.  1.	Check a	applicable							
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16. For registered MIAA umpires only, I would like a copy of the 2024 rule & case book?	15.								
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	Initial
The S.M.U.A. conducts a background check through (S.O.R.I.) the Massachusetts Sex Offenders Registry Board.	
Any person that is listed as either a level 2 or level 3 sex offender, will be prohibited from umpiring at any level	
of youth baseball. If you refuse to have this background check conducted on you, this will also prohibit you	
from umpiring youth baseball games.	

Signature:	Date:
Jigilature.	Date.

*Full Time Student (college or high school	*Full	Time	Student	(college	or high	school
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School's Name School's Lo			
Year of Graduation Date Ava			
			NO
I will be available to umpire baseball games in 2023?			
I am available to attend a minimum of 1 association meeting			
in 2024.			

\*\*Assignor's Page Information for 2024 Directory:

Name	Preferred Contact F	Phone Nu	mber
			Т
E-Mail Address	I assign by Arbiter	Yes	No
Leagues or teams I assign:	·		•

## **Inactive Status:**

I will be inactive for the entire 2024 Baseball season for the following reason:

	355411 5545511 151 1115 15115 11116 15455111
Reason	Reason
Work:	School:
Medical:	Family Care:
Out of state:	Military Service (no dues required):
*Other:	Branch of service?
*Explain:	

Please return the completed form no later than January 29, 2024; to the SMUA POB 1782 Brockton, MA 02303-1782.