

**BABE RUTH SOFTBALL
NATIONAL UMPIRES ASSOCIATION
P. O. Box 5000, Trenton, NJ 08638
APPLICATION FOR MEMBERSHIP**

DATE: _____

NAME _____ HOME PHONE () _____
Area Code

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNY _____

EMAIL _____

OCCUPATION _____ AGE _____

EMPLOYER _____ PHONE () _____
Area Code

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCAL UMPIRES ASSOCIATION _____

NAME OF PRESIDENT _____

ADDRESS OF PRESIDENT _____

CITY _____ STATE _____ ZIP _____

UMPIRING EXPERIENCE: (List types of games and length of experience).

PLEASE MAIL APPLICATION ALONG WITH \$30.00 FEE* TO: **BABE RUTH SOFTBALL
P. O. BOX 5000
TRENTON, NJ 08638**

*(NOTE: Fee will be \$20 *IF* \$30 fee has already
been received for the Babe Ruth Baseball NUA for the current year.)

APPLICATION ACK. _____ TEST SENT _____ TEST RETURNED _____
TEST SCORE _____ PASS _____ FAIL _____
FEE RECEIVED _____ MEMBERSHIP INFORMATION SENT _____ OTHER _____