



## Merrimack Valley Umpires Association Application for Membership

NAME:	STREET ADDRESS:	
CITY:	STATE:	ZIP CODE:
HOME PHONE:	SOCIAL SECURITY #:	
CELL PHONE:	SPOUSE'S NAME:	
BUSINESS PHONE:	EMPLOYER:	
EMPLOYER'S ADDRESS:	CITY:	
STATE:            ZIP CODE:	YOUR OCCUPATION:	
YEARS WITH PRESENT EMPLOYER:	USUAL WORK HOURS: (1st shift, 7-4, etc.)	
DATE OF BIRTH:	E-Mail:	
LIST MEMBERSHIPS OF ANY OTHER UMPIRING, REFEREEING ORGANIZATIONS		
ORGANIZATION NAME:		
ARE YOU IN GOOD STANDING: YES <input type="checkbox"/> NO <input type="checkbox"/> IF 'NO' PLEASE EXPLAIN (use other side, if needed)		
SPORT:	HOW LONG WERE YOU A MEMBER:	
YEARS OF AFFILIATION (ex: 1970-1980)	WHAT LEVEL GAMES DID YOU WORK:	
ADDRESS:	CITY:	STATE/ZIP:
How did you hear about the MVUA and the umpire clinics (example Radio, Newspaper, friend, umpire)? Please check appropriate box: FRIEND <input type="checkbox"/> WEB PAGE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> OTHER <input type="checkbox"/>		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS: YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, PLEASE PROVIDE APPROPRIATE INFORMATION:		

I hereby declare that the above information is true, accurate, and complete. I am aware that any false or misleading statements or omissions are grounds for my immediate termination or suspension, from MVUA (**Inc.**). I release Merrimack Valley Umpires Association (**Inc.**) from any liability whatsoever for any actions or damages arising from any such false or misleading statements or omissions.

I agree that as a condition of being associated with the Merrimack Valley Umpires Association (**Inc.**), a criminal records check of my background may be required, and I expressly release Merrimack Valley Umpires Association (**Inc.**) from any liability associated with the lawful acquisition and use of such information.

I agree that I will hold harmless, defend, and indemnify MVUA (**Inc.**) its officers, directors, employees, and agents from any and all third party claims, liability, damages, and or costs (including but not limited to reasonable attorney's fees) against MVUA (**Inc.**) caused by any of my acts or omissions for any injury or damages, that is connected with my activities while I am associated with MVUA, (**Inc.**)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by the MVUA Secretary/Treasurer		
Clinic fee paid by: Check    Cash	Check No:	Test Score:
MBUA Patches provided:	MVUA Patches provided:	