



Application Fee: \$80.00
Make checks out to: WMBUA
Mail Application with Check to:
WMBUA
23 Hearn Road
Scarborough, Maine 04074

WESTERN MAINE BASEBALL UMPIRES ASSOCIATION

New Member Application

Name: _____ Application Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

Experience in Baseball as a Player or other capacity

Character Reference (must be completed with a least 2 Names & Addresses)

Name: _____

Name: _____

Members of WMBUA that know you

Name: _____

Name: _____

Have you ever been convicted of a crime (if so Explain)

*I understand that if I fail to pass either the
written or field exam, \$30.00 will be
refunded.*

Signature

FOR BOARD USE ONLY

Written Exam Taken: _____
Date

Passed : _____
Yes or No

Field Exam Taken: _____
Date

Passed : _____
Yes or No