



Virginia State Tournament Umpire Association, Inc.

P.O. Box 3584
Sterling, Virginia 20167
www.vastua.org

Membership Application

Applicant Information

Full Name:				Date:	/	/
	<i>Last</i>	<i>First</i>	<i>Middle</i>			
Address:	<i>Street Address</i>			<i>Apartment/Unit #</i>		
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>	
Phone:	()	E-mail Address:				
District #.:		Date of Birth:	/	/	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a member of the LL Umpire Registry?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is this your first time applying for VSTUA membership?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Virginia State Tournament Information

Tournament Level:	Please indicate below the State Tournament you participated in:					
Baseball: <input type="checkbox"/>	<input type="checkbox"/> 9-10	<input type="checkbox"/> 9-11	<input type="checkbox"/> Major	Intermediate	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
Softball: <input type="checkbox"/>	<input type="checkbox"/> 9-10	<input type="checkbox"/> 9-11	<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	
Your umpire position for your first game:	<input type="checkbox"/> 1 st Base	<input type="checkbox"/> 2 nd Base	<input type="checkbox"/> 3 rd Base	<input type="checkbox"/> Plate		
Tournament Location:						

Your Umpire Experience

Please list below what umpire training, clinics or schools you have attended: Use the back of this sheet if necessary

Date:	
Date:	
Date:	
Date:	

Disclaimer and Signature

By signing this application for membership I hereby agree to abide by all rules and conditions as outlined in the bylaws of the Virginia State Tournament Umpire Association. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in terminating this application.

Signature:		Date:	
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VSTUA Office Use Only

Mbr ID #	02-	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Check#	Receipt#

New Member Dues are \$25.00. Please make all checks payable to VSTUA.