



# Virginia State Tournament Umpire Association, Inc.

242 Benns Road, Newport News, Virginia 23601-1739  
757-595-8400, Fax: 757-595-8199, www.vstua.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?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Is this your first time applying for VSTUA membership?			<input type="checkbox"/> YES <input type="checkbox"/> NO
May we include your address and telephone number in our Member Directory?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### 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"/> 10-11	<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Big League
Softball: <input type="checkbox"/>	<input type="checkbox"/> 9-10	<input type="checkbox"/> 10-11	<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Big League
Your umpire position for your first game:	<input type="checkbox"/> 1 <sup>st</sup> Base	<input type="checkbox"/> 2 <sup>nd</sup> Base	<input type="checkbox"/> 3 <sup>rd</sup> 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 #	<b>02-</b>	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Check#	Receipt#

**New Member Dues Are \$20.00. Please make all checks payable to VSTUA**