

SOUTH JERSEY GIRLS SOFTBALL ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP
2010

SENIOR JUNIOR MAJOR MINOR (CIRCLE ONE)

Membership Name: _____

Authorized Representative (Manager): _____

Address: _____

Phone # _____ Cell # _____

E-MAIL _____

Business (Occupation): _____

Business Phone# _____ Contact at work? YES or NO

Home Field _____ Day _____ Alternate Day _____

Field Address _____ Time _____ Alternate Time _____

Adults Affiliated with Team: _____

Insurance Company: _____ Policy # _____

DRAWING AREA:

Designated Schools: _____

Designated Towns: _____

Name of Organization: _____

President: _____

Address: _____

Phone: _____

S.J.G.S.A. USE ONLY

Meetings Attended: JAN FEB MAR APR MAY JUN JUL AUG SEPT

Payment of Fees/Dues: \$ _____ Bond: \$ _____

Date: _____ Check #: _____

Fines/Comments: _____
