

MEMBERSHIP APPLICATION FORM

If you are interested in becoming a member of Welland Minor Baseball Association, please fill out and submit the following form. Submissions can be made by emailing this form to the address below, and the Board of Directors will review.

Applicant Name	_____	_____
		Date of Birth
Address	_____	_____
Phone Number	_____	Email
Signature (if applicant is 18 years of older)	_____	
Parent/Guardian Name (if applicant is under 18 years old)	_____	
Parent/Guardian Signature (if applicant is under 18 years old)	_____	
Date	_____	

E-mail completed document to: membership@wellandminorbaseball.ca