

Membership Application

Date _____ (mm/dd/yyyy) Administration Use Only | Fee Rec'd \$ _____ | Date Rec'd _____

Personal

Name _____ Age _____
First Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Birthplace _____ Date of Birth _____ (mm/dd/yyyy)
City State

Marital Status Married Divorced Widowed Single

Spouse's Name _____ No. of Children _____

Medical Insurance Carrier _____ Policy No. _____

Emergency Contact _____ Phone No. _____

Alternate Emergency Contact _____ Phone No. _____

Schools Attended _____

Baseball Experience

Please indicate if you played baseball in:

High School Positions Played _____

College Positions Played _____

Semi Pro Positions Played _____

Professional Positions Played _____

Attended LA Dodgertown Adult Baseball Camp Date first attended _____ No. Attended _____

Preferred Positions _____

Please rate your overall playing ability (be honest):

Very Good Good Fair Below Average

Would you be interested in participating in various league committees/positions?

Communications Rules Field Search Equipment Procurement Tournaments Managing

An Initiation Fee of \$50.00 must be received to process your application. Please make your check payable to Dodgertown West and mail c/o Mark Stone, 5348 Newcastle Ave #222, Encino CA 91316. You may email this application to doug19bundy@hotmail.com.