



# WEST COAST UMPIRES ASSOCIATION

P.O. BOX 22434 • TAMPA, FLORIDA 33622-2434



### PRINT INFORMATION:

NAME \_\_\_\_\_ RENEWAL \_\_\_\_\_ NEW \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

AGE \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ S.S.# \_\_\_\_\_

E-mail \_\_\_\_\_

Please check one:

BASEBALL

SOFTBALL

BOTH BASEBALL & SOFTBALL

UMPIRING EXPERIENCE \_\_\_\_\_ YEARS LOCALLY \_\_\_\_\_ YEARS TOTAL \_\_\_\_\_ ARE YOU COVERED BY HEALTH INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE ANY HEALTH PROBLEMS THAT COULD RESTRICT YOUR OFFICIATING? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please explain :

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A CRIME OF MORAL TURPITUDE ? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please explain :

**Members are required to designate their membership classification annually. Once designated, members must maintain that status throughout the membership year (calendar year) or be subject to disciplinary action, up to and including suspension of scheduling or termination of membership. A requested change in classification is required in writing and approval of the Board of Directors is required before such change is effective.**

### CLASS DESIGNATION (initial selection bellow):

\_\_\_\_\_ **WCUA " COMMITTED MEMBER "**

A WCUA Committed Official is one who works for the betterment of the Association. A Committed Official designates WCUA as his primary association with the FHSAA and submits his availability initially to WCUA, and works games exclusively for WCUA with the exception of games deemed "for advancement" such as work with College association and Hillsborough County Softball Association. Committed Officials will direct any League or School to WCUA for purposes of contracting/assignment by WCUA, to WCUA officials, rather than work such assignments independently

\_\_\_\_\_ **WCUA " INDEPENDENT OFFICIAL ":**

A WCUA Independent Official is one who does not meet the definition of a Committed Member. A member in this classification may be scheduled/assigned on an " **as need** " basis.

### REQUIRED INFORMATION PLEASE LIST BY NAME:

Primary FHSAA Association Baseball \_\_\_\_\_ Softball \_\_\_\_\_

Other Umpiring Organizations \_\_\_\_\_ All Independent Umpiring Affiliations \_\_\_\_\_

I will notify the Booking Commissioner of any changes in my availability as required. I will read and abide by the By-Laws and Policies & procedures of the Association. By my signature, I acknowledge and agree that approval of my application WILL NOT constitute an employment agreement between WCUA and myself. Rather, I will act as, and be considered an Independent Contractor while serving as an Association member and WCUA game official. I further understand that any false or misstatement of information may result in rejection or termination of application and/or membership.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_