



**West Coast Umpires Association**  
P.O. Box 22434 Tampa, Florida 33622

Name \_\_\_\_\_ Renewal \_\_\_ New \_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are You A Veteran of The United States Armed Services? \_\_\_\_\_

Race (FHSAA Required) \_\_\_\_\_ Gender (FHSAA Required) \_\_\_\_\_

Primary Association \_\_\_\_\_ Secondary Association (If Applicable) \_\_\_\_\_

Previous Association (if new member with experience) \_\_\_\_\_

**Register In** (√ Applicable) **Years Experience**

Baseball \_\_\_\_\_

Softball \_\_\_\_\_

Are you registered with FHSAA? Yes \_\_\_ No \_\_\_

I want to umpire: High School \_\_\_\_\_ Youth \_\_\_\_\_

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

If yes please explain: \_\_\_\_\_

**Fines**

Decline/Accept by Passed \$10  
Turnback \$10  
Late / Uniform Violation \$20  
No Show Game Fee and Suspension

Total Fees \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Payment made by: Cash \_\_\_ Check \_\_\_ Money Order \_\_\_ Credit/Debit/PayPal \_\_\_  
Board Member \_\_\_

Treasurer's Signature \_\_\_\_\_

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 \_\_\_\_\_