

LIFETIME RETIREE MEMBERSHIP FORM



Make checks payable to: **OHSBCA**

**Mail to: Glen Morse
P.O. Box 275
New London, OH 44851**

Cost: \$25.00

If you are a retired baseball coach and would like to remain a "lifetime member" of the OHSBCA, please complete each of the sections below as it pertains to your last coaching position. Send a **one-time** \$25 membership fee with this application so you can continue to stay involved with our organization. If you are planning to attend the clinic, please complete the clinic registration form instead. There will be no fee to attend the clinic and Hall of Fame banquet.

Applicant Information

Name: (Last) _____ (First) _____ (MI) _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone#- Cell: _____ School: _____ Home: _____

Email: (required) _____

School & Coaching Information

When You Retired:

School Name: _____ High School

Coaching Position: (Please circle one)

District: (Please circle one)

Head Coach Assistant Coach JH/MS Coach Central East NE NW SE SW

General Information:

1. What year did you retire? _____
2. How many years were you a member of the OHSBCA? _____
3. How many years did you coach baseball? _____
4. Are you a Hall of Fame Member? _____ Induction year: _____
5. Are you a Past President? _____ Year: _____
6. Did you serve as a District Representative? _____

Receipt & Membership
Card will be emailed

OFFICE USE ONLY:

Check No: _____ Amount: _____ Invoice No: _____

Remitter: _____ Date Rcvd: _____