

Linglestown Baseball Association
Membership Application

1. You will serve a one (1) year probationary period.
2. You must volunteer and serve, if asked, on at least one of the committees listed below. Appointment to a particular committee is based upon the needs of the committee chairperson.
3. Applicants must donate \$25.00 to the Linglestown Baseball Scholarship Fund and complete a free PSP Background Check and a PA State Health and Human services check.
4. You must display good sportsmanship.
5. You must show an interest in the Association year-round (e.g. attend meetings)
6. You must be in attendance for work details.
7. You must display a positive attitude for the good of the LBA

I, _____ (please print plainly) have reviewed the requirements for membership into the Linglestown Baseball Association.

Signature _____

Address _____

E-Mail _____

Phone # (home and cell) _____

DATE _____

I will serve on the following committee(s). List in order of preference

1. _____
2. _____
3. _____

Ad Book
Umpire

Fall Baseball
Golf Tournament

Future Stars Tournament

Do not write below this line

Scholarship Fund: () cash () check # _____

Committee: _____