



# Lifetime Retiree Membership Form

Checks payable to: **OHSBCA**

Mail to: Lori Ryan  
4737 Middle Ridge Rd  
Perry, OH 44081

Enclose Check \$25

If you are a retired baseball coach and would like to remain a "lifetime member" of the OHSBCA, please complete each of the above sections 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 state 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 No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ School: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

## Coaching Information

When You Retired:

School: \_\_\_\_\_ High School

Coaching Position:  Varsity  Asst. Varsity  JV/FR  Jr High  MS  College

District:  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? \_\_\_\_\_

<b>OFFICE USE ONLY:</b>		
Check No: _____	Amount: _____	Invoice No: _____
Remitter: _____	Date Rcvd: _____	