

**Lifetime Retiree Membership Form**

# Checks payable to: OHSBCA

**Mail to: Pat Ewing Fee: $25**

**6934 Camden Dr.**

**New Albany, Oh 43054**

**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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY:**

Check No: \_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice No:\_\_\_\_\_\_\_\_\_\_\_\_\_

Remitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rcvd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_