



Lifetime Retiree Membership Form

Checks payable to: **OHSBCA**

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

Fee: \$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? _____

OFFICE USE ONLY:		
Check No: _____	Amount: _____	Invoice No: _____
Remitter: _____	Date Rcvd: _____	