

**2020 Membership Application**

**River City Umpires Association
P.O. Box 442031**

**Jacksonville, FL, 32244**

**Date:**

**Name: SSN:**

**Address:**

**City:**

**State:**

**Zip:**

**Home Phone #: Work Phone #:**

**Cell Phone #:**

**Email Address:**

**Check appropriate box with an “X”: Baseball Softball Both**

By my signature, I acknowledge and agree that approval of my application shall not constitute an employment agreement between the River City Umpires Association and myself. Rather that, I will act and be considered as an independent contractor while serving as an association contest official.

Additionally, I agree to be bound and abide by all of the River City Umpires Association By- Laws governing the conduct of an association contest official.

# Applicant’s Signature: