

Southern Massachusetts Umpires Association

Adult Membership Form

Please print legibly

Fee Received
Amount:
Check #:
Reason:
Date Paid:
Received By:

Status:	s: Active Inactive Active Honorary Retired Honorary Retired,				Resigned			
Check a	applicable							
*Required Information								
*Legal N	Name:			Nickname:		*D.o.B.		
*Addre	ss:			*City/town:				
*State:		*Zip Code:		County:				
*Cell Ph	Cell Phone: Home Phone:							
*E-Mail Address:								
Please answer the following 16 questions with a YES or NO answer. If left blank or you write YES NO								
maybe, we will consider this a No answer, and the association will plan accordantly.								
1.	1. I understand that there are 8 available meeting, and all members must attend a minimum of 4							
2	meetings?							
	2. I am a MIAA registered high school umpire (Varsity, Junior Varsity, or Freshman)?							
	3. If yes: I have registered with the MIAA, had a background check completed?							
4. I have completed the NFHS Concussion Course. This course is free on the MIAA site.								
5. I have checked off SMUA as your assigned baseball Board, with the MIAA?								
6. I understand that the 2024 dues are \$60.00 for active adult members?								
7.								
-	while on inactive status, I cannot umpire at any level of baseball?							
8.	8. *I am a full-time college or high school student. If yes: fill out reverse side.							
9.								
10	If yes: fill out reverse side.							
10.	I am interested in the NASO liability insurance at the discounted association's cost of \$92.00. If yes: please send a separate check made payable to the SMUA.							
11.								
12.								
13.								
14.								
14.	mailed. Amount needed > Amount needed >							
15.								
16.								

	Initial
The S.M.U.A. conducts a background check through (S.O.R.I.) the Massachusetts Sex Offenders Registry Board.	
Any person that is listed as either a level 2 or level 3 sex offender, will be prohibited from umpiring at any level	
of youth baseball. If you refuse to have this background check conducted on you, this will also prohibit you	
from umpiring youth baseball games.	

Signature:	Date:
Jigilature.	Date.

*Full Time Student (college or high school	*Full	Time	Student	(college	or high	school
--	-------	------	---------	----------	---------	--------

School's Name School's Lo			
Year of Graduation Date Avai			
			NO
I will be available to umpire baseball games in 2023?			
I am available to attend a minimum of 1 association meeting			
in 2024.			

**Assignor's Page Information for 2024 Directory:

Name	Preferred Contact F	Phone Nu	mber
			Т
E-Mail Address	I assign by Arbiter	Yes	No
Leagues or teams I assign:	·		•

Inactive Status:

I will be inactive for the entire 2024 Baseball season for the following reason:

	355411 5545511 151 1115 15115 11116 15455111
Reason	Reason
Work:	School:
Medical:	Family Care:
Out of state:	Military Service (no dues required):
*Other:	Branch of service?
*Explain:	

Please return the completed form no later than January 29, 2024; to the SMUA POB 1782 Brockton, MA 02303-1782.