



WESTERN COUNTIES
BASEBALL ASSOCIATION

Promoters of Clean, Organized Baseball

MEMBER: ONTARIO BASEBALL ASSOCIATION

ANNUAL APPLICATION FOR MEMBERSHIP

Name of Club: _____

Division: _____

Name of Club Manager: _____

Address: _____

Phone: _____ Email: _____

Name of Coach: _____

Address: _____

Phone: _____ Email: _____

Name and Address of Ball Park: _____

Home days preferred: _____

***To be completed in triplicate, all copies to be returned to the Secretary.
All clubs must complete application form.*