



Dirigo Vintage Base Ball Club

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

City, State & Zip: _____

Telephone: _____ e-mail: _____

Date of Birth (if minor): _____ Age: _____

Parent or Guardian Name (minor applicant): _____

Parent or Guardian Address & Telephone (if different from applicant):

Street: _____

City, State & Zip: _____

List any existing Medical Conditions or Concerns: _____

I hereby apply for an Associate Membership in The Dirigo Vintage Base Ball Club. I have enclosed a check in the amount of \$25.00 to cover my Associate Membership dues.

Signature: _____ Date: _____

Signature of Parent or Guardian (minor applicant):

_____ Date: _____

Mail this form, Minor Permission Form (if applicable) and payment to:

Mark A. Rohman
13 Cummings Ave.
Augusta, ME 04330