1 2 3 4 5 6 7

NSF-MSF MINNESOTA
OFFICIAL MEMBERSHIP APPLICATION

Please Type or Print

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE H ( ) _____ W ( ) _____ EMAIL _____

☐ NEW ☐ RENEWAL # OF YEARS MSF UMPIRE _____ COUNTY _____

List Communites/Leagues you umpire in: _____

Officials Association you are a member of (if any): _____

Please check below disciplines of the sport you umpire:

Youth Slowpitch ☐ Youth Fastpitch ☐

☐ Adult Slowpitch ☐ Adult Fastpitch ☐ Modified Pitch

	Insert Sub-Totals Below
Adult Umpire Membership ..... **NOTE:** Membership fee for umpires 17 years of age and under - J.O. is **$20.00**	**$45.00 in Advance $50.00 at the Clinic**
To avoid a $3.00 postage and handling fee mail this application to NSF-MSF offices no later than 10 days prior to the clinic date you plan to attend or bring application and fee to clinic you attend. POSTAGE & HANDLING - $3.00 (Add $3.00 for postage and handling if this application is mailed to MSF offices after you have already attended a clinic. **Also enclose your clinic slip.....**	
☐ Late Membership Penalty for Renewal Umpires (add $5.00 to $55.00 fee after May 1**) .....**	
☐ **Take $10 off if you provided proof of comparable liability and excess medical insurance from NASO or the MN State High School League that covers all the games you do regardless of affiliation. (Documentation must be provided at time of registration.)**	
_____ Additional NSF-MSF Rule Book @ $7.50 each	
_____ NSF Cover-up Patches for old ASA logo (required) @ 1.00 each (NOTE: Two are provided Complimentary in your packet	
_____ Softball Scorecards @ $5.00 each (package of 50)	
_____ Flipping Coin @ $3.00 each	
_____ Tournament Bracket Book 3 - 64 teams @ $15.00 each	
_____ **Voluntary Contribution of one game fee or more to the Minnesota Softball Hall of Fame/Softball Complex Fund .....**	
Insert Grand Total Remitted	**$**

Note: All items ordered above will be sent within seven days after your attendance at a mandatory clinic has been certified.

I herewith make application to register as an umpire with the NSF-MSF of Minnesota and by submitting the membership fee agree to abide by the established rules and regulations which govern member officials. I understand if I umpire games where players 18 & under participate I must undergo concussion training at least every three years at www.cdc.gov/concussion/headsup/youth.html and I acknowledge that I have done so and printed myself a certificate to maintain in my possession. I acknowledge that I act as an independent contractor when entering into an agreement with an NSF-MSF member league/tournament or team and am not entitled to unemployment benefits, workers compensation insurance or social security contributions/benefits. Contractor agrees that failure to provide workers' compensation insurance for himself/herself, spouse, parents, or children constitutes a rejection of workers' compensation benefits for those individuals.

APPLICANT'S SIGNATURE _____ ***Date Application Mailed*** _____

To avoid a $3.00 postage and handling fee, mail this application no later than 10 days prior to the clinic date you plan to attend.
Check or money order made payable to NSF-MSF, must accompany the application.

Send to: NSF-MSF Umpire • PO Box 368 Big Lake, MN 55309 • (763) 263-9993
APPLICATION FEE IS NON-REFUNDABLE