AFFILIATE DEMOGRAPHIC INFORMATION

Registration Date: m m / d d / y y

County:

Team:

SSNo.: - - Sex:

DOB: m m / d d / y y y y

Last Name:

First Name:

Physical Address:

eMail / Web:

Postal Address:

Phones:

Height: inches Bilingual:

Weight: lbs.

Position:

- Owner
- Manager
- Coach
- Trainer
- Score Keeper
- Bat Boy/Girl

Affiliate Member

GSA Representative

All Affiliate Members must provide color copy/photo-copy of your Legal ID.
Your Legal ID must have picture and your Date OF Birth (DOB).
Also submit 2 (2x2) color pictures with white background.