



AFA Fastpitch Softball

TEAM MEMBERSHIP APPLICATION

Fill it out and mail with payment of \$45.00 to:

American Fastpitch Association (AFA)
2926 Calle Frontera
San Clemente, CA 92673
Phone: (949) 291-8783 - info@afasoftball.com

State: _____

Team Name: _____ Date: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell # : (_____) _____ Home #: (_____) _____

Work #: (_____) _____

E-Mail Address: _____

Age division: (circle one) 8u, 10u, 12u, 14u, 16u, 18u

Classification: (circle one) A B

Enter any comments or questions you may have below.

Please attach Team Roster if available. The Roster submitted for a tournament or league will be used for that event.
(changes and additions are allowed)

Thank you for your participation in the AFA