



# Slow Pitch Softball

## TEAM MEMBERSHIP APPLICATION

Print out the membership form, fill it out and mail with payment of \$30.00 to:

AFA Slow Pitch Softball Div.  
2926 Calle Frontera  
San Clemente, CA 92673  
(949) 291-8783 - info@afasoftball.com

State: \_\_\_\_\_

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #:(\_\_\_\_\_) \_\_\_\_\_ Home Phone #:(\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Division: (*circle one*)      Men's      Women's      Co-Ed

Classification: (*circle one*)      A      B      C      D      E      Rec.

or

Senior Division: (*circle one*)      Men's      Women's      Co-Ed

Classification: (*circle one*)      35+      40+      50+

Enter any comments or questions you may have below.

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**Thank you for your participation in the AFA**