

National Amateur Baseball Federation

RECEIVED BY NABF

Month _____

Day _____

Year _____

NABF FRANCHISE MEMBERSHIP RENEWAL

To: Executive Director, NABF

Our association plans to continue our NABF franchise membership and we will participate in the tournament age bracket(s) indicated below. (Place an X in box beside each age division in which your organization will participate.)

In accordance with Article II. **Each franchise holder must signify its intention to continue their franchise by notifying the Executive Director in writing by May 15 of current season. Penalty: After May 15, franchise fee is \$325.00.**

(See fee structure below, for tournaments)

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION BELOW.

Name of Franchise / Association _____

Name of President or Commissioner _____ Signature _____

Street Address _____ Phone No. () _____

City _____ State _____ Zip _____ E-mail _____

• We will participate in the following age groups this season with the following number of teams and we anticipate the following number of teams (minimum of 4) in each age division/league selected below to participate in our program:

Major (unlimited) # _____ teams in league

Junior (16 & under) # _____ teams in league

* College (23 & under) # _____ teams in league

Sophomore (14 & under) # _____ teams in league

Senior (18 & under) # _____ teams in league

Freshman (12 & under) # _____ teams in league

* High School (17 & under) # _____ teams in league

***College Division & High School Division Teams may play in next higher age level league & retain eligibility for tournament play in their respective age group (Requires second tournament fee).**

Your fees should be received by this office not later than May 15th. The Franchise Fee is \$300.00. The Regional Tournament Fee is \$450.00. League(s) having eight or more teams may request a second entry for Regional Tourney play at \$575.00 per team. Franchises may send teams directly to an NABF World Series (with the exception of the Major division) for \$750.00 (no limit on entries). Send your check or money order along with this application and the payment will serve as your letter of intention to continue your franchise. Late penalty fee(s) must be added to the Franchise Fee and Tournament Fee after May 15th.

Annual Franchise Fee = \$300.00 (or \$325.00 after May 15th) = \$ _____

Number of age division team(s) listed above (only 1 per age group) assigned directly to an NABF Regional x \$450.00 = \$ _____

Number of additional sanctioned age division team(s) listed above, approved under Article II, Section 2C assigned to an NABF Regional Age Division Tournament x \$575.00 per team = \$ _____

Number of age division teams(s) assigned directly to World Series (except Major division), # teams x \$750.00 per team = \$ _____

Fines/Penalty Fees = \$ _____

TOTAL = \$ _____

Contribution to NABF Scholarship Fund (SEPARATE CHECK PLEASE) = \$ _____

Make check or money order payable to National Amateur Baseball Federation, Inc. and mail along with this form to:

**Executive Director, NABF
P.O. Box 4099
Brandon, MS 39047**

**Telephone 769-251-5158
nabfexecdirector@gmail.com
You may download all NABF forms
www.nabf.com**

National Amateur Baseball Federation

FRANCHISE INFORMATION UPDATE REPORT

DATE: _____
MONTH DAY YEAR

NABF FRANCHISE MEMBER INFORMATION

**NOTE: We must have this information to certify franchise officers and up-date mailing addresses.*

Season Year _____

Organization _____

Geographic Location _____

President / Commissioner _____ Home Phone _____

Email _____

Address _____ Day Phone _____

Vice President _____ Home Phone _____

Email _____

Address _____ Day Phone _____

Secretary _____ Home Phone _____

Email _____

Address _____ Day Phone _____

Treasurer _____ Home Phone _____

Email _____

Address _____ Day Phone _____

Please give name(s) of person(s) representing your organization at next annual meeting of the NABF: Each franchise has two votes at the Delegates Meeting. (1 vote per delegate)

Name	Position	**Votes
1. _____	_____	_____
2. _____	_____	_____

* Indicate below name of contact person for NABF correspondence:

1st Person _____ Home Phone _____

Address _____

Work Phone _____ Fax No. _____ Email _____

2nd Person _____ Home Phone _____

Address _____

Work Phone _____ Fax No. _____ Email _____