



APPLICATION FOR FRANCHISE MEMBERSHIP

National Amateur Baseball Federation Inc.

ORGANIZED 1914



☐
MAJOR
Unlimited

☐
COLLEGE
23 & Under

☐
SENIOR
18 & Under

☐
HIGH SCHOOL
17 & Under

☐
JUNIOR
16 & Under

☐
SOPHOMORE
14 & Under

☐
FRESHMAN
12 & Under

☐
ROOKIE
10 & Under

Please follow the instructions listed below and forward the requested information to our national office. Your application will be reviewed and processed as soon as possible. You will be notified of the approval or rejection of your application. Remember, the NABF franchises leagues of four (4) or more teams. We do not franchise individual teams.

1. Send a copy of your league rules, constitution, and by-laws.
2. Send a list of your league officers. Please list name, address, telephone numbers, and email address.
3. List the name of each team in your league, manager's names, home addresses, and telephone numbers.
4. Send a check in the amount of \$300 with application. This will cover your franchise fee. Your check will be returned if your application is rejected.

NOTE: Each franchise, is limited to one team from each age division league, participating in a Regional or World Series Tournament. If accepted, you would be required to pay a tournament fee for each team your organization sends to NABF tournament competition. This fee is due by May 15 of each year. (Article II membership and fees)

WE _____
Name of Organization

OF _____
City County State

desire to make application for a franchise in the **National Amateur Baseball Federation.**

We will accompany this application with a check in the amount of Three Hundred Dollars (\$300.00) and in the event we are accepted it will constitute the present year's Franchise Fee, if rejected the check is to be returned to our Organization at once. If accepted, we will immediately provide the appropriate tournament fees payment(s) as described under article II of the NABF Constitution & By Laws.

We make application in the name of the _____
Name of Organization
through its Board of Directors of Official and append our signatures herewith.

NAME _____ NAME _____ NAME _____

TITLE _____ TITLE _____ TITLE _____

Applications made this _____ Day of _____

NOTE: Applications to be copied in triplicate and mailed to the NABF Executive Director.

-OVER-

Date: _____



FRANCHISE INFORMATION REPORT



QUESTIONS TO BE ANSWERED FOR HISTORY AND PUBLICITY PURPOSES

Please list total teams in your organization that qualify for each of our tournaments listed below

- | | | | |
|------------------------------------|-------|--------------------------------------|-------|
| 1. 10 years of age and under | _____ | 6. 18 years of age and under | _____ |
| 2. 12 years of age and under | _____ | 7. 23 years of age and under | _____ |
| 3. 14 years of age and under | _____ | 8. Unlimited Division (no age limit) | _____ |
| 4. 16 years of age and under | _____ | 9. Other | _____ |
| 5. High School Division 17 & under | _____ | | |

What other national organizations do you hold franchise with?

1. _____ 2. _____ 3. _____

Please name complete names of your newspaper

1. _____ 2. _____ 3. _____

Please list name and address of person or persons who is your official correspondent.

Name _____ Address _____ City _____ State _____ Zip _____

Name _____ Address _____ City _____ State _____ Zip _____

How are you organized? City, recreation, or independent? _____

ORGANIZATION NAME _____

GEOGRAPHIC LOCATION _____

PRESIDENT _____

ADDRESS _____

TELEPHONE (Home) _____ (Cell) _____

VICE PRESIDENT _____

ADDRESS _____

TELEPHONE (Home) _____ (Cell) _____

SECRETARY _____

ADDRESS _____

TELEPHONE (Home) _____ (Cell) _____

TREASURER _____

ADDRESS _____

TELEPHONE (Home) _____ (Cell) _____

*Please attach a brief history of your organization along with your organization's constitution and by-laws.

Mail to NABF with this application for membership and franchise fee.