

# Council of Australian Baseball Scorers

Baseball Australia ABN 18 610 026 404

WEBSITE: [www.scorers.baseball.com.au](http://www.scorers.baseball.com.au) EMAIL: [scorers@baseball.org.au](mailto:scorers@baseball.org.au)



## APPLICATION FORM

### CABS Membership \$10 annual fee

The CABS membership year runs January to December, and renewals are due each January.

**NOTE: NEW MEMBERS JOINING AFTER SEPT 1<sup>ST</sup> WILL GAIN THE FOLLOWING YEAR'S MEMBERSHIP AT NO EXTRA COST.**

Please submit this form with payment to your State or Territory Scoring Organisation (STSO)\* who will forward it on to the CABS Coordinator and Baseball Australia. Membership fees are inclusive of GST – this form is a Tax Invoice.

### Accreditation \$5 LEVEL ATTEMPTING: ..... (1, 2, IT, 3, 4, 4IT)

Make payment directly to your State or Territory Scoring Organisation (STSO)\*. To sit for an accreditation examination, you must be a Member of CABS. Application Form and fee payments must be sent to the relevant STSO Accreditation Coordinator at least 2 weeks prior to the exam date. For more information on accreditation, consult the CABS website.

NAME .....

ADDRESS .....

STATE ..... POSTCODE ..... PHONE .....

E-MAIL .....

SIGNATURE ..... DATE ..... / ..... / .....

CURRENT MEMBERS:

CABS Member No: ..... CURRENT LEVEL: ..... YEAR GAINED: .....

\*CONSULT THE CABS WEBSITE FOR THE CONTACT INFORMATION OF YOUR LOCAL STSO.

**Privacy Statement** - Information on this form is entered onto the Baseball Australia (BA) database of registered coaches or officials. Database information is passed on to relevant State Associations. Coaches or officials may, from time to time be sent relevant up-to-date information and may be contacted by BA. Your information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988.

## STATE / TERRITORY SCORING ORGANISATION COMPLETION ONLY

PAYMENT RECEIVED \$..... (membership) \$..... (accreditation)

PLEASE REMIT ALL MEMBERSHIP FEES AND RENEWALS TO BASEBALL AUSTRALIA AND ADVISE REMITTANCE TO CABS COORDINATOR.

EXAMINATION DATE ..... / ..... / .....

Please advise the CABS Coordinator if this date changes.

COMMENTS .....

STSO Accreditation Coordinator's Signature ..... Date ..... / ..... / .....

**IMPORTANT: STSO's - PLEASE EMAIL THIS FORM TO THE CABS COORDINATOR ASAP.**

[scorers@baseball.org.au](mailto:scorers@baseball.org.au)