

**COMONWEALTH CLASSIC LEAGUE
APPLICATION
FOR
MEMBERSHIP**

Club/Association/Team Name: _____

Home City/County/Park/Field: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone #'s: _____

E-mail: _____

Club/Association/Team Web-site: _____

If your club/association/team doesn't have a web-site, then you must e-mail the contact information for each team, exactly as you want it to appear on the CCL site, to kscrider@wk.net. The cost of membership in the CCL is \$10 for an individual team or \$25 for a club or association with an unlimited number of teams. Please mail this application, along with a check made out to the CCL, to the following address: Commonwealth Classic League, c/o Kevin Crider, 714 Heath Lane, Mayfield, KY 42066. Payment of the fee entitles you to all of the privileges of membership for a full year, beginning Aug. 1st.