



Little League World Series Alumni Association
Membership Application

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

(If International) City: _____ Province: _____

Country: _____ Postal Code: _____

Telephone Number: _____

Email Address: _____

World Series Worked: _____

Membership Type

_____ One Year (\$25)

_____ Two Year (\$50)

_____ Lifetime (\$125)

Please send payment (check or money order payable to LLWSUAA) to the treasurer.

Marty Ort
301 Kennedy Street
Old Forge, Pennsylvania 18518
ATTN: LLWSUAA