

USBC YOUTH MEMBERSHIP APPLICATION

*Required Field

New Member

Bowling Center* _____ League/Tournament Name* _____

PARENT INFORMATION Male* Female* Youth Bowler ID# (found on last year's card) _____

Parent First Name* _____ Parent Middle Initial _____ Parent Last Name* _____

Parent Date of Birth (mm/dd/yyyy)* _____ Parent Email Address* _____ Phone* _____

Mailing Address* _____ Apt* _____ City* _____ State* _____ Postal Code* _____

BOWLER INFORMATION Male* Female*

Bowler First Name* _____ Bowler Middle Name _____ Bowler Last Name* _____

Bowler Date of Birth (mm/dd/yyyy)* _____ Bowler Email Address _____

PAID IN OTHER LEAGUE Standard Membership \$4.00

NATIONAL MEMBERSHIP UPGRADES

Bowlopolis \$3.50
 Junior Gold U15/U20 \$30.00
 Junior Gold U12 \$10.00

TOTAL \$ _____

Name of League _____ Bowling Center _____
 By submitting this application you consent to the inclusion of your name, local association and scores on BOWL.com

I do not wish to receive non-USBC communication

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TEMPORARY MEMBERSHIP RECEIPT

Bowlers ID# _____

Full Name _____

League _____

Membership Type _____

\$ _____

Amount Paid _____

Date purchased _____

Signature - League Secretary
 Please retain receipt until official card is delivered in the mail. Visit the "Find a Member" section on BOWL.com to print a copy of your card.



NOT VALID UNLESS SIGNED BY LEAGUE SECRETARY

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