

USBC ADULT MEMBERSHIP APPLICATION

New USBC Member

Bowling Center _____ League/Tournament Name _____

Bowler ID# (found on last year's card) Last Name _____ First _____ Initial _____ Suffix _____

Mailing Address _____ Apt. _____

City _____ State _____ Zip Code _____ Male Female

Primary Phone Number _____ Secondary Phone Number _____ Date of Birth (mm/dd/yyyy) _____

Email Address _____ I do not wish to receive non-USBC communication

MEMBERSHIP CHOICES

- Standard State & Local Only USBC Life Member USBC Hall of Fame BA WBA MERGED
 Basic Local Only Local Life Member None

WOMEN'S STATE MEMBERSHIP OPTIONS

Please see reverse for a description of membership choices. Amount paying through this league: \$ _____

IF NOT PAYING DUES WITH THIS APPLICATION, PLEASE INDICATE WHERE YOU PAID YOUR DUES: Paid on BOWL.com Paid in other League

Name of League _____ Bowling Center _____ Signature _____ Date _____

By submitting this application, the applicant is agreeing to be bound by and comply with the USBC Bylaws, Rules, and Policy Manuals. Applicant also consents to the inclusion of his/her name, local association and scores on BOWL.com.

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Bowler 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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