



WBOA Membership Form

Date _____

Name _____ DOB _____ Shirt Size _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ E-Mail _____

Type of injury: Para ____ Quad ____ Amp ____ Other (describe) _____

USBC Member? Yes No USBC# _____ Do you bowl in a league? Yes No

Average: _____ Home Bowling Center _____

1 Year Membership \$25.00

Cash Check

CashApp: \$WBOA1

Zelle: wheelchairbowlersofamerica@gmail.com

Would you like to donate to the WBOA hardship fund? Y N \$ _____

Mail check to: 14494 Benner Rd Brooksville, FL 34614

If WBOA can do anything to assist you with the sport of bowling,
please call 813-682-4484 or email membership.wboa@gmail.com

By accepting membership in the Wheelchair Bowlers of America, I agree to abide by the Constitution and By-laws of the Association.

Signature: _____

***** For Office Use Only WBOA Membership Number _____