

Mesa Metropolitan (USBC) Association
950 W. Birchwood Ave., Suite 2
Mesa, AZ 85210

Association # 82310
480-969-6944
Fax: 480-844-9029

SUPPLEMENTAL MEMBERSHIP APPLICATION

Amount Enclosed _____ MMA League Code: _____ Date: _____

(Example BM005)

League Name _____ Bowling Center _____

Paying				Paying				Secretary Name	
Yes	No			Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____		

This form is used for ALL SUBSTITUTES, particularly new members who are paying their membership fees for the first time this season.

Use this Form only "AFTER" you have submitted your original League sanction Application.

Make Money Orders, Cashier's Check or League Checks payable to: **Mesa Metropolitan Association (MMA)**

USBC Adult Merged Options

Standard	\$ 32.00
Basic (16 Wks or less)	\$ 10.00
Local (In-State Transfer)	\$ 13.00
Local + State (Out of State Transfer)	\$ 17.00
State only	\$ 4.00

USBC Youth Merged Options

Option A	\$ 6.00
Option B	\$10.00

Include ALL MEMBERSHIP APPLICATION CARDS, even if they are members through another league.

Revised 8/1/2025

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<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____		

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