

# USBC ADULT MEMBERSHIP APPLICATION

New USBC Member   
New to Association

Bowling Center \_\_\_\_\_ League/Tournament Name \_\_\_\_\_

Member 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  
 Basic  Local Only  Local Life Member  None

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.**



Member 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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