

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

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

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 you consent to the inclusion of your 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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