

USBC MERGED/BA MEMBERSHIP APPLICATION

PLEASE PRINT

Bowling Center _____ League/Tournament Name _____

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

Mailing Address _____ Apt. _____

City _____ State _____ Zip Code _____

Evening Phone # _____ Date of Birth (mm/dd/yy) _____ Male Female

Email Address _____ Amount Paid THIS League \$ _____

Membership choices
(see reverse for details of dues structure)

Standard Sport USBC Life Member
 Local Only* Upgrade to Sport Local Life Member
 State & Local Only* None* USBC Hall of Fame

Women's State Membership Options
If state associations are not merged, you may join:

USBC State WBA Your choice
 USBC State BA may increase
 Both your dues.

*Paid dues in other league: _____
Name of League _____ Bowling Center _____

Signature _____ Date _____

TEMPORARY MEMBERSHIP RECEIPT

Bowler's ID# _____

Full Name _____

League _____



Visit BOWL.com/memberrewards
to view special member discounts.

Date purchased: _____

Please retain receipt until official card is delivered in the mail. Visit the find a member section on BOWL.com to track the progress of your card or to print a new one. See back for important information.

Signature of League Secretary
Not valid unless signed by Secretary

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