

USBC YOUTH MEMBERSHIP APPLICATION *Required Field

New Member

Bowling Center* _____ League/Tournament Name* _____

PARENT INFORMATION Male* Female* Youth Member ID# (found on last year's card)* _____

Parent First Name* _____ Parent Middle Initial _____ Parent Last Name* _____

Parent Email Address* _____ Phone* _____

Mailing Address* _____ Apt* _____ City* _____ State* _____ Postal Code* _____

BOWLER INFORMATION Male* Female*

Bowler First Name* _____ Bowler Middle Name _____ Bowler Last Name* _____

Bowler Date of Birth (mm/dd/yyyy)* _____ Bowler Email Address* _____ I do not wish to receive non-USBC communication

<input type="checkbox"/> PAID IN OTHER LEAGUE	NATIONAL MEMBERSHIP	UPGRADES	LOCAL
	<input type="checkbox"/> Standard Membership \$4.00	<input type="checkbox"/> Bowlopolis** \$3.50	<input type="checkbox"/> Services Fee _____
	<input type="checkbox"/> Special Olympics \$10.00	<input type="checkbox"/> Junior Gold U12 \$10.00	<input type="checkbox"/> Registration Fee _____
		<input type="checkbox"/> Junior Gold U15/U20 \$30.00	

Name of League _____ Bowling Center _____ **TOTAL \$** _____

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.

****Bowlopolis upgrade is free to all bowlers 8 and under prior to August 1.**

TEMPORARY MEMBERSHIP RECEIPT

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.



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