

USBC YOUTH MEMBERSHIP APPLICATION *Required FieldNew Member

Bowling Center* _____ League/Tournament Name* _____

PARENT INFORMATION Male* Female*

Youth Bowler ID# (found on last year's card) _____

Parent First Name* _____ Parent Middle Initial _____

Parent Last Name* _____

Parent Date of Birth (mm/dd/yyyy)* _____ 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* _____

NATIONAL MEMBERSHIP**UPGRADES** PAID IN OTHER LEAGUE Standard Membership **\$4.00** Bowlopoli **\$3.50**
 Junior Gold U15/U20 **\$30.00**
 Junior Gold U12 **\$10.00****TOTAL \$** _____

Name of League _____ Bowling Center

By submitting this application you consent to the inclusion of your name, local association and scores on BOWL.comI do not wish to receive non-USBC communication **TEMPORARY MEMBERSHIP RECEIPT**

Bowlers ID# _____

Full Name _____

League _____

Membership Type _____

\$ _____

Amount Paid _____

Date purchased _____

Signature - League SecretaryPlease 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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Yes
youth education services fund
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ALONG WITH OUR FOUNDING PARTNERS

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FOR MORE INFORMATION
ON PROGRAMS, AWARDS &
SCHOLARSHIPS.

15_338 03/15



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Youth Development



A Future FOR
THE Sport

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