

USBC YOUTH MEMBERSHIP APPLICATION **Required Field*New Member

Bowling Center*		League/Tournament Name*	
PARENT INFORMATION Male* <input type="checkbox"/> Female* <input type="checkbox"/>		Youth Bowler 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* <input type="checkbox"/> Female* <input type="checkbox"/>			
Bowler First Name*	Bowler Middle Name	Bowler Last Name*	
Bowler Date of Birth (mm/dd/yyyy)*		Bowler Email Address*	
<input type="checkbox"/> We provide the Youth Bowler Information to the Bowling Center for its operations and marketing. Check if you do not want us to share that information.			
<input type="checkbox"/> PAID IN OTHER LEAGUE	NATIONAL MEMBERSHIP <input type="checkbox"/> Standard Membership \$4.00 <input type="checkbox"/> Special Olympics \$10.00	UPGRADES <input type="checkbox"/> Junior Gold U12 \$10.00 <input type="checkbox"/> Junior Gold U15/U18 \$30.00	LOCAL <input type="checkbox"/> Services Fee _____ <input type="checkbox"/> Registration Fee _____
Name of League _____ Bowling Center _____		TOTAL \$ _____	
By submitting this application, Parent and Bowler agree that Bowler is bound by and will comply with the USBC Bylaws, Rules, and Policy Manuals. Parent and Bowler also consent to the inclusion of Bowler's name, local association, and scores on Bowl.com.			

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TEMPORARY MEMBERSHIP RECEIPT

Bowlers 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

20_107 06/20

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