



2024-2025 ADULT MEMBERSHIP APPLICATION

USBC MEMBERSHIP APPLICATION

New Member

Bowling Center: _____

League/Tournament Name: _____

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

BOWLER INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Postal Code: _____

Email: _____

Gender: MALE FEMALE Date of Birth (mm/dd/yyyy): _____ Phone: _____

I do not wish to receive non-USBC communication

MEMBERSHIP CARD OPTIONS

NATIONAL MEMBERSHIP

- Standard Membership \$30
- Transfer Fee \$15
- Basic Membership \$10
(Summer or Short Season League)
- USBC Life Member
- Local Life Member
- USBC Hall of Fame

Total Amount Paid: _____

IF NOT PAYING DUES WITH THIS APPLICATION PLEASE INDICATE WHERE YOU PAID YOUR DUES:

IF PAID THROUGH A DIFFERENT ASSOCIATION A TRANSFER FEE MUST BE PAID.

NAME OF LEAGUE

BOWLING CENTER

BOWLERS SIGNATURE

DATE

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.