

USBC SPECIAL OLYMPICS MEMBERSHIP APPLICATION

New USBC Member

Bowling Center _____ League/Tournament Name _____

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

Mailing Address _____ Apt. _____

City _____ State _____ Zip Code _____ Male Female

Primary Phone Number _____ Secondary Phone Number _____ Date of Birth (mm/dd/yyyy) _____

Email Address _____ I do not wish to receive non-USBC communication

Amount paying through this league: \$ _____

IF NOT PAYING DUES WITH THIS APPLICATION, PLEASE INDICATE WHERE YOU PAID YOUR DUES: Paid on BOWL.com Paid in other League

Name of League _____ Bowling Center _____ 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.

23191 0323

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TEMPORARY MEMBERSHIP RECEIPT

Bowler 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.



Special Olympics

NOT VALID UNLESS SIGNED BY LEAGUE SECRETARY

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