USBC SPECIAL OLYMPICS MEMBERSHIP APPLICATION TEMPORARY MEMBERSHIP RECEIPT New USBC Member Bowler ID# Bowling Center League/Tournament Name Full Name Bowler ID# (found on last year's card) Last Name Suffix First Initial League Mailing Address Apt. Membership Type Male Female City State Zip Code Amount Paid Primary Phone Number Secondary Phone Number Date of Birth (mm/dd/yyyy) Date purchased I do not wish to receive non-USBC communication Email Address Signature - League Secretary Amount paying through this league: \$_ Please retain receipt until official card is delivered in the mail. Visit the "Find a Member" section on BOWL.com to print a copy IF NOT PAYING DUES WITH THIS APPLICATION, PLEASE INDICATE WHERE YOU PAID YOUR DUES: Paid on BOWL.com Paid in other League of your card. Name of League **Bowling Center** Signature Special Olympics By submitting this application, the applicant is agreeing to be bound by and comply with the USBC Bylaws, Rules, and Policy Manuals NOT VALID UNLESS SIGNED BY LEAGUE SECRETARY Applicant also consents to the inclusion of his/her name, local association and scores on BOWL.com. TEMPORARY MEMBERSHIP RECEIPT **USBC SPECIAL OLYMPICS MEMBERSHIP APPLICATION** New USBC Member □ Bowler ID# **Bowling Center** League/Tournament Name Full Name Bowler ID# (found on last year's card) Last Name First Initial Suffix League Mailing Address Apt. Membership Type Male 🗖 Female 🗖 Zip Code City State Amount Paid Date of Birth (mm/dd/yyyy) Primary Phone Number Secondary Phone Number Date purchased I do not wish to receive non-USBC communication \Box Email Address **Signature - League Secretary** Amount paying through this league: \$_ Please retain receipt until official card is delivered in the mail. Visit the "Find a Member" section on BOWL.com to print a copy IF NOT PAYING DUES WITH THIS APPLICATION, PLEASE INDICATE WHERE YOU PAID YOUR DUES: Paid on BOWL.com Paid in other League of your card. Name of League **Bowling Center** Signature Date Special Olympics 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. NOT VALID UNLESS SIGNED BY LEAGUE SECRETARY 23191 0323 TEMPORARY MEMBERSHIP RECEIPT **USBC SPECIAL OLYMPICS MEMBERSHIP APPLICATION** New USBC Member □ Bowler ID# **Bowling Center** League/Tournament Name Full Name Bowler ID# (found on last year's card) Last Name First Initial Suffix League Mailing Address Apt. Membership Type Male 🔲 Female 🖵 City State Zip Code Amount Paid Primary Phone Number Secondary Phone Number Date of Birth (mm/dd/yyyy) Date purchased I do not wish to receive non-USBC communication \Box Email Address

Signature - League Secretary

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Special Olympics

23191 0323

Paid in other League

Date

Signature

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

Bowling Center

Amount paying through this league: \$_

Name of League