USBC YOUTH MEN	IBERSH	IP APPLIC	ATION	*Required	f Field		New Member □		
Bowling Center*						League/Tournament Name*			
PARENT INFORMATION	Male* □	ale* □ 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)*			В	owler	Email Address			
	ř	NATIONAL MEI	MBERSHIP		UPO	GRADES			
☐ PAID IN OTHER LEAGUE		□ Standar	d Membership	\$4.00		☐ Bowlopolis☐ Junior Gold U15/U20☐ Junior Gold U12	\$3.50 \$30.00 \$10.00		
Name of League		Bowling Center				TOTAL \$			
By submitting this applic local association and sco			inclusion of y	our name		do not wish to receive no	n-USBC communication □		

I do not wish to receive non-USBC communication 🖵

TEMPORARY MEMBERSHIP RECEIPT

Bowlers ID#	ā	
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