



UNITED STATES BOCCE FEDERATION

MEMBERSHIP APPLICATION - PLEASE PRINT LEGIBLY

Name: _____ ☐ \$10

Spouse: _____ ☐ \$10

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone #: _____

Email Address (Spouse): _____ Phone #: _____

USBF Bocce Club Affiliation (if applicable): _____

Amount Enclosed: _____

Under 21 Membership is Free

**Please make check payable to USBF and
send with this completed application to:**

**USBF c/o Cynthia Rivera, Treasurer
P.O. Box 22005
Carmel, Ca. 93922-0005**

- ☐ Bocce Club Membership \$ 75
☐ Senior Citizen Club, School or Community Club \$ 50
☐ Commercial Membership \$ 250

Contact Name _____

Phone _____

Email _____

USBF Card # Issued

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Calendar Year