



# 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): \_\_\_\_\_

USBF Card # Issued
USBF Card # Issued
Calendar Year

**Amount Enclosed:** \_\_\_\_\_

Under 21 Membership is Free

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

**USBF c/o Laura De La Rosa, Treasurer  
P.O. Box 580241  
Elk Grove, CA 95758-0036**

Bocce Club Membership .....\$ 75

Senior Citizen Club, School or Community Club .....\$ 50

Commercial Membership .....\$ 250

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



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