

# UNITED STATES BOCCE FEDERATION

MEMBERSHIP APPLICATION - PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_  \$20

Spouse: \_\_\_\_\_  \$20

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address (Spouse) : \_\_\_\_\_ Phone #: \_\_\_\_\_

USBF Bocce Club Affiliation (if applicable) : \_\_\_\_\_

_____
<i>USBF Card # Issued</i>
_____
<i>USBF Card # Issued</i>
<b>2024</b>

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

Under 21 Membership is Free

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

**USBF c/o Natalina Bernardi, Treasurer  
P.O. Box 1605, Pleasanton, CA 94566**

- Bocce Club Membership (club only).....\$100
- Bocce Club Membership inc. 15 memberships.....\$300
- Senior Citizen Club, School or Community Club .....\$ 50
- Commercial Membership .....\$250

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

Phone \_\_\_\_\_

Email \_\_\_\_\_