

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) : _____

| |
|--------------------|
| _____ |
| USBF Card # Issued |
| _____ |
| USBF Card # Issued |
| 2025 |

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
- Bocce Club Membership inc. 50 memberships.....\$600
- Bocce Club Membership inc. 100 memberships.....\$1,000
- Senior Citizen Club, School or Community Club\$ 50
- Commercial Membership\$250

Contact Name _____