



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>

<i>Calendar Year</i>

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 (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 _____