

USBA Membership Application

_____ \$25 Tournament Fee – No USBA Membership

_____ \$50 USBA 1-Year Membership

_____ \$135 USBA 3-Year Membership

PLEASE PRINT NEATLY:

Name: _____

Address: _____ Apt#: _____

City, State, Zip: _____

E-Mail Address: _____

Cell Phone: _____

Home Phone: _____

Other Phone: _____

Your information will be included in the USBA Membership Directory. If there is any information that you wish to keep private, please let us know:

Send completed form and a check or money order payable to **“USBA”** to:

Jim Shovak/USBA Secretary
58 Hawthorne Avenue
East Islip, NY 11730

Or you can join online: **www.USBA.net**

Click: “Join the USBA”