



Membership Application

(Please Print Clearly)

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Fax: _____

**REQUIRED E-Mail Address: _____

USSBA Yearly Membership: \$85.00

Total Remitted: _____

Full membership required to compete in USSBA competition

Mail Completed Application To:

USSBA
2021 Center Ave
Payette, ID 83661

**** Email Addresses are required for all correspondence**