

USBA Membership _____ New Member _____ Renewal

\$ 50.00 for One Full Year
3-Year Membership: \$ 135.00

PRINT PLEASE: Name: _____

Address: _____ Apt#: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

E-Mail Address: _____

***Referred By (For Brand-New Members Only):

City _____ State _____

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” and don’t forget to give the name of the room or person who referred you.