



UNITED STATES BOCCE FEDERATION

14107 W. Dublin Drive, Homer Glen, IL 60491-9177 • Tel. (630) 257-2854 • Fax (312) 226-5005 • www.bocce.com

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel.: _____ E-mail: _____

USBF Bocce Club Affiliation (If applicable) _____

Type of Membership:

- Individual Membership, affiliated with USBF member club..... \$ 15
- Individual At Large . No club affiliation..... \$ 15
- New Member. (First time one year membership) \$ 5
- Under 21 Membership. (Must be under 21 years of age)..... \$ 5
- Bocce Club Membership. Contact Person: _____ \$ 75
- Senior Citizen, School, or Community Group. Contact Person: _____ \$ 50
- Commercial Membership. Contact Person: _____ \$250
- Family Membership. All family members must reside at the same address, and will receive one mailing of each USBF publication..... \$ 25
- Other Family Members: _____

Please make a check payable to: USBF and send the completed application and check to:
USBF, c/o Mario Veltri, Treasurer, 1719 Spumante Pl., Pleasanton, CA 94566

USBF Card No. Issued: _____, Calendar Year _____