

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Full Name:

Date of Birth:

Address:

Gender:

☐ Male

☐ Female

City:

State:

Phone Number:

Email Address:

MEMBERSHIP DETAILS

Type	Description	Fee
Standard	Access to basic facilities and online resources.	\$
Voting	Includes standard benefits plus special events and discounts	\$
Junior (under 18)	There is no charge for a Junior Membership	\$

Please select your desired membership type: ☐ Standard ☐ Voting ☐ Junior

Premier Member:

PAYMENT INFORMATION

Payment Method: ☐ Credit Card ☐ Debit Card ☐ PayPal ☐ Check

Card Number (if applicable):

Expiry Date (if applicable):

CVV (if applicable):

Name on Card (if applicable):

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ADDITIONAL INSTRUCTIONS

[Provide any additional information or special requests you may have regarding your membership]

AGREEMENT

- ☐ I certify that the information provided in this application is true and complete to the best of my knowledge.
- ☐ I agree to abide by the rules and regulations of the USSJA, and understand that failure to do so may result in the termination of my USSJA membership.
- ☐ I understand that membership fees are non-refundable and subject to change.

Signature

Date

OFFICE USE ONLY

Application Received:

Payment Processed:

Membership Number:

Notes:

MEMBERSHIP APPLICATION FORM



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