



TEAM MEMBERSHIP FORM

Team Name _____

Grade (circle one): 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Gender (circle one): Girls Boys

Coaches Name _____

Address _____

City _____ State _____ Zip _____

Phone: (W) _____ (H) _____

(C) _____

E-mail address: _____ @ _____

Mail this form along with the \$45 Team Membership fee to:

United States Basketball Association

2275 Captain Waring Ct.

Mt. Pleasant, SC 29466

Phone: (704) 649-6812 Fax: (843)-216-0299

info@usbahoops.com

OFFICE USE ONLY Became USBA Member on ___/___/___.

Method of Payment _____