

USA Broomball – Membership Application

(Please type or print clearly and circle applicable items)

Year

Type of Membership: **Team** **Individual**
Team Name: _____ **City:** _____ **State:** _____
Team Class: **Elite** **A/B** **C/D** **Division:** **Men's** **Women's** **Co-Rec**
Manager's/Individual's Name: _____ **email:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: H - _____ **W -** _____ **Cell -** _____

Individual Membership

\$10.00

Benefits Include:

- newsletter
- a link under the teams section on the national web site (if your team has a web site)
- option to purchase low cost liability insurance and excess medical insurance
- access to national and international broomball events
- a USA Broomball pin
- a USA Broomball patch

Team Membership

\$15.00

Benefits Include:

- an official USA Broomball rule book
- a membership card
- newsletter
- a link under the teams section on the national web site (if your team has a web site)
- option to purchase low cost liability insurance and excess medical insurance
- access to national and international broomball events
- a USA Broomball pin
- a USA Broomball patch

(Membership year is March 15 – March 15)

Send membership application and applicable fee to:

USA Broomball
P.O. Box 20201
Bloomington, MN 55420
Fax: (763) 241-1736

Visa ____ MasterCard ____
Credit Card Number (16 digits)

Expiration Date _____
(Cannot be processed without expiration date)
Name as it appears on card _____
Signature _____