



**TEAM MEMBERSHIP FORM**

Team Name \_\_\_\_\_

Age (circle one): 9U 10U 11U 12U 13U 14U 15U 16U 17+

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: (704)-624-3151

[info@usbahoops.com](mailto:info@usbahoops.com)

**OFFICE USE ONLY** Became USBA Member on \_\_\_/\_\_\_/\_\_\_.

Method of Payment \_\_\_\_\_