



Membership Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Tel. # _____ E-mail (optional) _____

Check type of membership:

() Adult member age 18 or older. Annual membership dues \$20.00

() Junior member age 17 or under. Annual dues \$10.00

Parent/Guardian signature required for Jr. Member. _____

Signature of member applying _____ Date _____

Amount Submitted \$ _____ (*Make checks payable to Auburn Bocce Club*)

**Membership Applications must be forwarded to the Auburn Bocce Club,
Secretary**

Ronnie Beyersdorf
PO Box 1224
Auburn, Wa. 98071-1224
253-833-9036
Email, Wb7tbg@AOL.com