USHA Membership Application



| *Full | Name: | | | | |
|--------------------------|---|--|--------------|------|--|
| *Mailing Address: | | City: | State: | Zip: | |
| *Prir | mary Email Address: | | | | |
| *Primary Phone:*required | | Secondary Phone: | *Birth date: | | |
| Men | nbership Options | | | | |
| | One year - \$55 One Year Booster - \$90 (includes 1-year membership, booster gift and \$25 tax deduction) Three year - \$150 (save \$15) Three Year Booster - \$260 (includes 3-year membership, booster gift and \$100 tax deduction) Junior (19 & Under) - \$15 Student (Full-time, 23 & Under) - \$15 | | | | |
| Met | hod of Payment Check is enclosed (pay to tl AUTO RENEW (ACH withdr | ne order of: USHA) awal, please include copy of voided check) |) | | |

Join by Phone: 520-795-0434

Join Online: https://www.ushandball.org/membership-cart/

Please mail form in a self-addressed envelope to: USHA, 2333 N. Tucson Blvd., Tucson, AZ 85716