



# United States Amateur Boxing, Inc.

## Application for Club Membership/Renewal

Expiration Date: \_\_\_\_\_

Club Number: \_\_\_\_\_

Date: \_\_\_\_\_

(All requested information must be provided.)

**Please type or print information**

To \_\_\_\_\_ USA Boxing Association, LBC Number \_\_\_\_\_  
LBC Name

Application for membership is hereby made in the Local Boxing Committee named above.

Enclosed are \$ \_\_\_\_\_, a copy of our Constitution and By-laws and the names and titles of our officers.

This is: New \_\_\_\_\_ Renewal \_\_\_\_\_

Official name of organization/club \_\_\_\_\_

Training facility address \_\_\_\_\_

City (**No Abbreviations**) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

Type of club/organization: Private/PAL/Boy's Club of America/Parks & Rec./Other \_\_\_\_\_ (circle one)  
(Please specify)

### Officers:

**President** \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Home

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Business

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Secretary** \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Home

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Business

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Club Representative** of the above named Local Boxing Committee Board of Governors (for voting privileges, please refer to USA Boxing Constitution and By-Laws.) **Non-Athlete membership required.**

**Validation Number** \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Home

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Business

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The club, if approved, hereby agrees to abide by the Constitution and By-laws, Policies and Rules of USA Boxing and to respect, abide by and enforce all decisions of USA Boxing.

**X Signature** \_\_\_\_\_ Date \_\_\_\_\_  
(Club officer and title, must be signed for application to be valid)

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**The application is to be returned to:**

Registration Chairperson \_\_\_\_\_  
\_\_\_\_\_ USA Boxing Association

Address \_\_\_\_\_

Make check payable to: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

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**For Local Boxing Committee Use Only**  
(please ensure the club representative is a registered member)

Approved/Rejected \_\_\_\_\_ Club Number \_\_\_\_\_ Date \_\_\_\_\_  
(Circle One)

Membership year: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Approved by \_\_\_\_\_  
Signature and Title

**A copy of this application must be forwarded to USA Boxing by the Local Boxing Committee**