

USA Card Membership Registration Form

First Name _____ Last _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Date of Birth ____/____/____

Male/Female (circle) Grade _____ Club Name _____

Email Address _____ @ _____

Parent
signature _____

Birth Verified Yes / No (please circle)

Card Cost \$35.00

Make Checks Payable to:

WWF

P.O. Box 404

Wales, WI 53183
