

JSOB Membership Form (version 11/4/2025)

Please Print Clearly

Please complete the entire top section

Name _____ New Renewal

ACBL # _____ Today's Date _____ Dues \$ Pd _____ Donation \$ _____

Emergency Contact Name _____ EC Phone _____

****Complete this section ONLY if you are a new member or if your information has changed****

Cell phone _____ Home phone _____ Approx MPs _____

Email _____ Street Address _____

City _____ Zip _____

Admin Use Only

Rec'd by _____ Entered ACBL Score Entered BW