

NYTBF Junior Youth Program (ages 11-15) Membership Application

Affiliated Club Name: The None Club

First Name: _____ Last Name: _____

Sex: M ___ F ___ Birthday _____ Age _____ SSN# _____

Street Address: _____ Changed?

City: _____ State: _____ Zip: _____ Changed?

Contact Phone: _____ Changed?

Email: _____ Changed?

School Name/Mascot _____

Last Grade Completed: _____ Grade in NOW: _____

Are you a TBF Member? Yes: ___ No: ___ And your TBF member number: _____

Do you have any physical impairments: YES _____ NO _____

If so – please explain: _____

Student Signature: _____

Parents Name: _____ Contact Number: _____

Parent/Guardian Signature: _____

Dues: \$30.00 (\$25 national TBF + \$5 state)

Please make checks or money order payable to: NYTBF

Please Mail to:

NYTBF
c/o Bobby Williams
PO Box 185
LaFargeville, NY 13656

Updated As of 6-24-2014