



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, Metropolitan Association,

LBC Number: 06

Application for membership is hereby made in the Metropolitan Association. Enclosed is a money order for **\$225.00**, a copy of our Constitution and By-laws (if a new club) and the names and titles of our officers.

This club is: New _____ Renewing _____

.....
Official Name of Organization / Club: _____

Training Facility Address: _____

City (No Abbreviations): _____

Mailing Address (if different): _____

Phone Number: () _____ URL: _____

Type of Organization/Club: Private/ PAL /Boy's Club of America /Parks & Rec. /Other _____(circle one)

Email Address: _____
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Officers: President and Club Representative (for voting privileges, please refer to USA Boxing Constitution and By-Laws) – **MUST BE REGISTERED MEMBERS OF METRO** but may be the same person.

President _____ Telephone () _____

Address _____ (Home)

City _____ State _____ Zip _____ Telephone () _____

(Business)

Secretary _____ Telephone () _____

Address _____ (Home)

City _____ State _____ Zip _____ Telephone () _____

(Business)

(over)

Club Representative _____ Telephone () _____

Address _____ (Home)

City _____ State _____ Zip _____ Telephone () _____

(Business)

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 office and title, must be signed for application to be valid)

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This application is to be returned to:

Ryan O'Leary, Registration Clerk
310 Main Street
New Rochelle, NY 10801

Make money order payable to:

USA Boxing, Metro

DO NOT WRITE BELOW THIS LINE

For Local Boxing Committee Use Only

Approved / Rejected
(Circle one)

Club Number _____ **Date** _____

Membership Year: _____ Expiration Date: _____

Approved By: _____