



National Basketball Shooters Association

Membership Application

Date _____
(mm/dd/yyyy)

First Name _____ Last Name _____

Date of Birth _____ Gender: Male Female T-Shirt Size: S M L XL

Address _____

City _____ State _____ Zip Code _____

Tel _____ E-Mail Address _____

Circle Membership Level

Annual Adult Membership (19+) : \$50
Annual Youth Membership (Under 19) : \$25
Lifetime Membership : \$500
Benefactor (Lifetime) : \$_____

Mail your payment to

National Basketball Shooters Association

24321 Main St.

Newhall, California 91321