



U.S. CHESS FEDERATION
PO Box 3967 • Crossville, TN 38557
800-903-USCF (8723) • FAX 931-787-1200

OFFICIAL AFFILIATE APPLICATION

please type or write legibly

CHECK IF THIS IS A NEW APPLICATION

AFFILIATE NAME: _____ **ID #:** _____
(if renewing)

ADDRESS: _____
(please include your street address for UPS mailings)

CITY & STATE: _____ **ZIP:** _____

TELEPHONE NUMBER: (include area code) _____

CONTACT PERSON'S NAME: _____

CONTACT PERSON'S ADDRESS & TEL. #: _____

PLEASE CHECK APPROPRIATE BOX

U.S. AFFILIATES: REGULAR \$40 SCHOOL \$40 COLLEGE \$40 STATE \$40 PRISON \$40

NON-U.S. AFFILIATES*: CANADA \$60 OTHER COUNTRIES \$80

* Includes mailing surcharge (postage and handling). All printed material sent surface mail. Airmail rates available upon request.

PLEASE CHECK METHOD OF PAYMENT:

CHECK OR MONEY ORDER ENCLOSED
(please make payable to the U.S. Chess Federation)



Credit Card #: _____ Exp. Date: _____

Authorized Signature: _____

Please (re)enroll our organization as an affiliate of the U.S. Chess Federation. I, the undersigned, accept full legal responsibility on behalf of myself and my organization for abiding by the regulations of the USCF for the activities of affiliates. Failure to do so may result in revocation of affiliation. I assume full legal responsibility for my organization's activities. Affiliation with the USCF does not make me or my organization an agent of the USCF for any purpose.

NAME OF OFFICER & TITLE: _____ **USCF ID #:** _____

SIGNATURE: _____ **DATE:** _____ **TELEPHONE #:** _____

TELL US ABOUT YOURSELF

CLUB MEETING PLACE: _____

ADDRESS: _____

DAYS AND HOURS: _____

PLEASE LIST OTHER OFFICERS:

NAME: _____

TITLE: _____ **USCF ID #:** _____

NAME: _____

TITLE: _____ **USCF ID #:** _____

PLEASE LIST NON-USCF MEMBERS' NAMES AND ADDRESSES.

(Please use other side if you require more space.)

Please return this application to PO Box 3967, Crossville, TN 38557