

APPLICATION FOR MEMBERSHIP

NAME:			
ADDRESS:			
<i>C</i> ITY:			
TELEPHONE:	WORK:	CELL:	
BIRTHDATE: MM/DD	E-MAIL ADDRESS:	USBC#:	
NAM	ME OF LEAGUE/TOURNAMENT IN WI	ICH YOUR 500 SERIES WAS BOWLED:	
	D.	TE BOWLED:	
WHERE WAS IT BOWLED? (C	ITY & CENTER):	SERIES TOTAL:	
(ATTACH A COPY OF THE RE-	-CAP SHEET FROM THE TOURNAMEN	T OR LEAGUE SHEET, SHOWING THE 500	SCRATCH SERIES)
SIGNATURE OF YOUR LEAGUE	E SECRETARY:		
NOTE: IF YOU PREVIOUSLY MUCH INFORMATION AS YO		T YOUR DOCUMENTATION IS MISSING,	PLEASE INCLUDE A
		ERT FOR ALL FUNCTIONS AND EVENTS. X: \$17 (PRICES SUBJECT TO CHANGE).	PLEASE CHECK THE
SMALL:	XLARGE:	3X:	
MEDIUM:	1X:	4X:	
LARGE:	2X:		
	MEMBERSHIP FEE OF \$15 TO BE S	UBMITTED WITH APPLICATION.	
YOUR SIGNATURE:		DATE:	

PLEASE SEND A CHECK WITH THIS FORM PAYABLE TO DELTA 500 CLUB P.O. BOX 8485, STOCKTON, CA 95208 ATTENTION: KATHY LAFEVER

FOR ANY QUESTIONS PLEASE CONTACT KATHY LAFEVER AT 209-931-0564