

## Membership Application

Name:	
Address:	
City & Zip:	
Phone:	
USBC#	
Email:	
CERT	IFIED BY:
Local 500 Club Name:	
Date Bowled:	Scores:
League, City, or 500 Club Officials (please signals)	gn here)
League, City, or 500 Club Officials Mailing A	Address
League, City, or 500 Club Officials Email Ad	ldress
CA Women's 500 Club CA Women's 500 Club Email: sevengails@yahoo.com Website: cawomens500club.com	Mail Payment to: Belinda Thomas PO Box 1229 Lompoc, CA 93438
MEMBERSHIP \$30.00 DUPLICATES 5.00 PRINCESS PIN 5.00 CLUB PIN 5.00	Make All Checks Payable To: CA Women's 500 Club

PATCH

5.00