Application for Membership
In the National 600 Bowling Club, Inc.
$10.00 Fee Must Accompany this Form

Office Use Only
Membership #
_____

Please Print or Type Information

_____ _____
Last Name First Middle Intl. Local Assn. WBA (5 Digit #)

_____ _____
Number and Street Score

_____ _____
City or Town State Zip Code Date Bowled

_____
Social Security Number Phone # with Area Code E-Mail Address

Check here if membership awards are to be mailed to applicant. _____
If not checked, awards will be mailed to address below.

VERIFICATION INFORMATION BY: Local 600 Club Secretary_____ Local WBA Secretary_____(check one)

_____
Name Phone# with area code E-Mail Address

_____
Street Address City State Zip Code

_____
Local Association Name Local 600 Club Name State Association

SUBMIT THIS FORM ALONG WITH CHECK IN THE AMOUNT OF $10.00 MADE PAYABLE TO:

National 600 Bowling Club, Inc.
Margaret Lancaster, Secy/Treas.
4950 Maple Ridge Rd.
Marion, NY 14505

Phone # (315) 483-2803
Email: marg600@yahoo.com

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. TEMPORARY RECEIPTS WILL NOT BE MAILED.