

**Replacement Card Request**

**\$5.00** Fee *Must* Accompany

This Form

**NATIONAL 600 BOWLING CLUB, INC.**

Margaret Lancaster, Secy/Treas.

4950 Maple Ridge Rd.

Marion, NY 14505

Email: [marg600@yahoo.com](mailto:marg600@yahoo.com)

Phone: (315) 483-2803

***Please Type or Print Information***

Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street Number and Name*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ (include area code)

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Local Association Name \_\_\_\_\_

Local Association WBA # \_\_\_\_\_ (5 Digits)

State Association Name \_\_\_\_\_

National 600 # If Known \_\_\_\_\_

Approximate year joined \_\_\_\_\_

Please issue me a replacement card. My **\$5.00** is enclosed. Checks should be made payable to:

**National 600 Bowling Club, Inc.** and mailed to above.

Additional Information to help verify membership:

City Association to which I belonged at the time I joined the National 600 Bowling Club.

\_\_\_\_\_ Local Association \_\_\_\_\_ State

At the time my name was: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Please make a copy of this form for your records. Temporary receipts will not be issued.**