

## Membership Card Application

Using the hand tool above, you can fill in all fields except the signature field. Sign it and mail a check or money order made payable to: **Inland Empire Senate**

Mail to: **Shirley Smith, 871 W. 15<sup>th</sup> Street, Upland, CA 91786**

<b>THE NATIONAL BOWLING ASSOCIATION, INC.</b> (Please Print All Information)				
Social Security Number / Membership Number _____		Date of Birth _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name _____	First Name _____	Initial _____		
Mailing Address _____				
City _____	State _____	Zip Code _____		
Phone No. _____		E-mail Address _____		
<input type="checkbox"/> Yes Dues paid through this league <input type="checkbox"/> No Dues were paid in the following league: _____				
Name Of Local Senate _____	<b>INLAND EMPIRE</b>			
Signature _____		Date _____		

<b>The National Bowling Assn., Inc.</b> <b>TEMPORARY MEMBERSHIP RECEIPT</b>	
_____ Full Name	
League/Tournament _____	Date _____
<b>INLAND EMPIRE</b>	
Senate	
_____ Signature League/Tournament Secretary	