

MEMBERSHIP REGISTRATION FORM (LIST NEW LEAGUE BOWLERS)

ZONE/DC ASSOCIATION: _____

BOWLING CENTRE: _____

LEAGUE NAME: _____

LEAGUE SECRETARY: _____

NO.	LAST NAME	FIRST NAME	MEMBERSHIP # <i>(Office Use Only)</i>	MEMBER CATEGORY <i>(T, R, S or YBC Grad)</i>	DUP.	GENDER <i>(M or F)</i>
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