



Ontario 5 Pin Bowlers' Association
 3 Concorde Gate, Suite 302, Toronto, Ontario M3C 3N7
 Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

Membership Application Form

Name:			
Address:			
Email Address:			
Contact Telephone Number:			
Date of Birth: (Month)	(Day)	(Year)	(Gender)

C5 Registration #

Zone/ DC Association:			
Bowling Centre:			
League Name:			
League Secretary:			

Membership Type	
Tournament	
Regular	
Senior	
SOO/Blind	
YBC	
YBC Grad	
Duplicate	
Life	

Do you bowl in another League? (Yes) (No)	
If YES please list the League(s) below and indicate the type of membership in said League	Type

Rules and Regulations of 5 pin bowling can be reviewed at your discretion by accessing www.c5pba.ca Rule Book
 Membership Benefits are listed on www.o5pba.ca

Note: The information on this form is in compliance with the request for the **Ontario 5 Pin Bowlers' Association** (the "Organization") to report to the Government. The following waiver of all claims, release from all liability, and other terms of this agreement are entered into by me (the "Participant") for the express purpose of collecting data for the Organization, by its directors and employees. The information collected will not be sold or given out to other associations without the Participant's consent. Note: Giving false information may disqualify bowlers from any tournament awards/standings.

Please sign below acknowledging that you have read and provided all information required.	
Members signature:	Date:

For office use only	Date Approved:	Approved by:
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