NEW MEMBERS LIST (New League Members Only)

ZONE/DC ASSOCIATION:_____

BOWLING CENTRE:_____

LEAGUE NAME: _____

LEAGUE SECRETARY: _____

				MEMBERSHIP CATEGORY							GENDER	
NO.	LAST NAME	FIRST NAME	C5 REGISTRATION # *(Office Use Only)*	TOURN. "T"	REGULAR "R"	SENIOR "S"	SOO/ BLIND "S"	YBC (Under 18) "S"	YBC GRAD.	DUP. "X"	M	F
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