

NEW MEMBERS LIST (New League Members Only)

ZONE/DC ASSOCIATION: _____

BOWLING CENTRE: _____

LEAGUE NAME: _____

LEAGUE SECRETARY: _____

NO.	LAST NAME	FIRST NAME	C5 REGISTRATION # <i>(Office Use Only)</i>	MEMBERSHIP CATEGORY						GENDER	
				REGULAR "R"	SENIOR "S"	SOO/ BLIND "S"	YBC (Under 18) "S"	YBC GRAD.	DUP. "X"	M	F
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Please note: This form must be scanned and sent to incentive@o5pba.ca with the other corresponding forms related to this League