

Replacement Card Request
\$5.00 Fee *Must* Accompany
This Form

NATIONAL 600 BOWLING CLUB, INC.
Ann Splettstaszer, Secy/Treas.
P.O. Box 34
Davenport, ND 58021
Email: national600club@gmail.com
Phone: 701-718-9174

Please Type or Print Information

_____	_____	_____	_____
Last Name	First	Middle Intl.	Bowler ID #
_____			_____
Number and Street			Phone Number with Area Code
_____	_____	_____	_____
City or Town	State	Zip Code	E-Mail Address

Local Association Name _____

Local Association # _____ (5 Digits)

State Association Name _____

National 600 # If Known _____

Approximate year joined _____

Additional Information to help verify membership: (other names used or Social Security #)

Local and State Association to which I belonged at the time I joined the National 600 Bowling Club.

Local Association _____ State Association _____

At the time my name was: _____

Please issue me a replacement card. My \$5.00 is enclosed. Mail to address above and make checks payable to:

National 600 Bowling Club, Inc.

Signature of Applicant _____ Date _____