

**APPLICATION FOR MEMBERSHIP
WISCONSIN WOMEN'S 500 BOWLING CLUB**

Last Name (Please Print) First Middle Initial

Address

City State Zip

Phone # (area code) Email Address

USBC # (required) _____

****Please include: 1) proof of series scores with date and
2) secretary signature along with application and fee.**

Membership Fee \$10.00 (One Time Membership Fee)

Make check payable to:

Wisconsin Women's 500 Bowling Club

Mail to:

Alice Woodward

E10866 Hatchery Road, Baraboo, WI 53913

Phone: (608) 393-3685

Email: ww500bowlingclub@gmail.com

Mark this box if you would like the Club Bylaws mailed to you, otherwise they can be downloaded from our website at: (need to add)

OFFICE USE ONLY

Application Received _____

___ Card ___ Pin ___ Bylaws

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