

**THE NATIONAL BOWLING ASSOCIATION, INC.**

(Please Print All Information)

The National Bowling Assn., Inc.  
TEMPORARY MEMBERSHIP RECEIPT

Membership Number \_\_\_\_\_ / /  Male  
Date of Birth  Female

Last Name First Name Initial

Full Name

Mailing Address

League/Tournament Date

City State Zip Code

Senate

Phone No. Email Address

- Yes Dues paid through this league
- No Dues were paid in the following league: \_\_\_\_\_
- Bowler  Non-Bowler

Signature League/Tournament Secretary

Name of Local Senate \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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