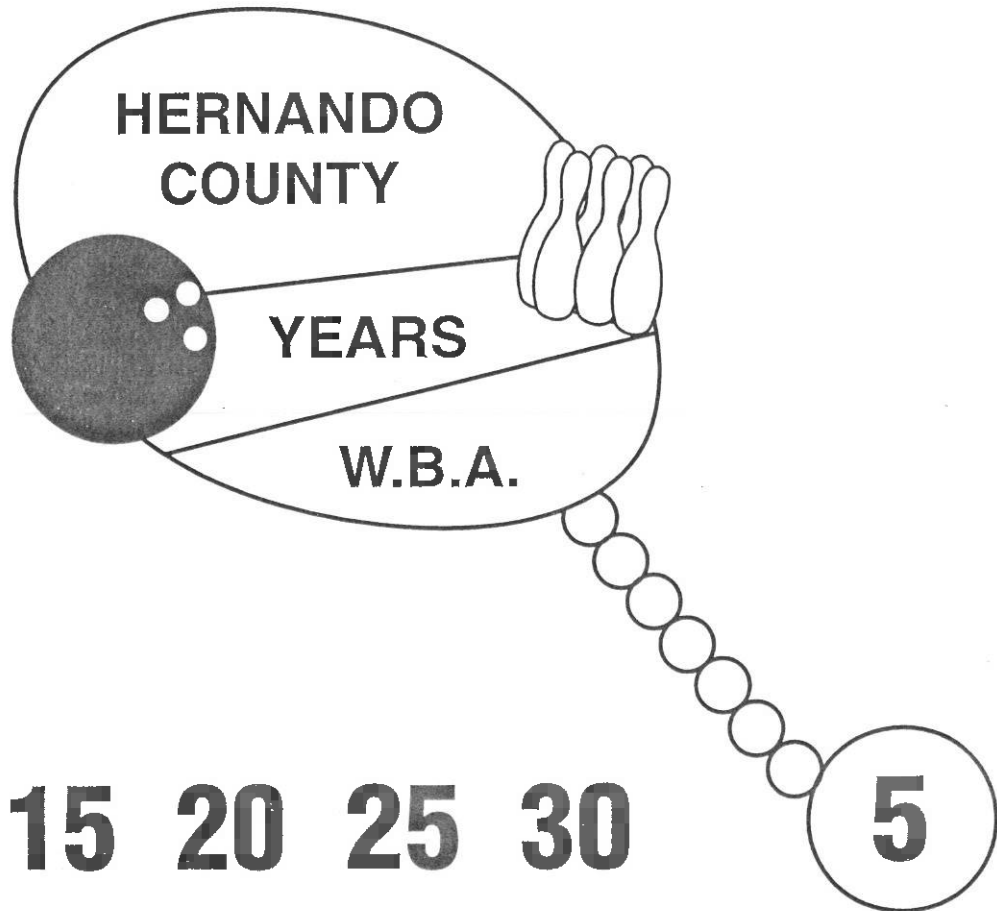


HERNANDO COUNTY WOMEN'S BOWLING ASSOCIATION

APPLICATION FOR YEAR'S OF MEMBERSHIP PIN



10 15 20 25 30

5

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CURRENT USBC MEMBERSHIP NO. _____

DATE OF APPLICATION: _____ DATE RECEIVED: _____

LEAGUE NAME: _____ BOWLING CENTER: _____

Please return completed application your association secretary, Hernando County WBA.

HERNANDO COUNTY WOMEN'S BOWLING ASSOCIATION

APPLICATION FOR DESIGNATION YEAR MEMBERSHIP PIN

Membership pins have replaceable numbers in 5-year increments, starting at five (5) years. Bowling seasons are identified by the year starting in September. List seasons in which you were a member of **Hernando County Women's Bowling Association ONLY** (membership in other associations does not apply). Membership of the 1987-88 season to the present may be verified by the association yearbook. For participation prior to that time, please attach proof of membership for each season (copy of WIBC sanction card, league records, dated pictures or newspaper articles, or letter from a league secretary or friend who can verify your membership). Your years need not be consecutive, but must total at least five (5) years.

NAME OF APPLICANT: _____
(If you have been sanctioned by another name, due to marriage, divorce, or other reason, please indicate the name and year of change _____.)

MAILING ADDRESS: _____

TELEPHONE NO.: _____ CURRENT USBC MEMBERSHIP NO. _____

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

Bowling Season Year _____ Proof of Membership (Check One):
Association Yearbook _____ Other _____ (Attach)

(If more space is needed, use back of this page.)

PLEASE RETURN COMPLETED APPLICATION TO THE ASSOCIATION SECRETARY.