NEW/SUPPLIMENT LEAGUE MEMBERSHIP APPLICATION   Original _____ Supplement _____ (only need Secretary info and bowler information) LOCAL ASSOCIATION:_____

League Name/Code: _____# of Teams:_____
# of Bowlers/Team:_____Week Day:_____ Start Time (am/pm):_____
Beginning Date: _____Ending Date:_____
League Type (CHECK ONE): Mixed_____Men_____Women_____Senior___Winter___Summer___

League Registration Fee $_____

Total Number of Bowlers on this Application _____ X $_____ (fee per bowler) *see online fee schedule

Total Amount Attached $_____   (payable National Duckpin Bowling Congress or NDBC)

Instructions:

1. 1. Each bowler/team must fill in his/her name, address, zip code, and membership # (if applicable) on the Bowler/Team Registration form. If bowler indicates they bowl in another league, the **secretary must provide** the name, location or league code # of that league on registration form.

2. Record all information for each bowler from Bowler/Team Registration onto the application (or a spreadsheet of your own in same format) or you can mail copy of the Bowler/Team Registration form which ever you prefer.

3. Original application must contain all information to be valid.

4. Give bowler a receipt, if requested (in packet). **DO NOT MAIL,** secretary to keep.

5. Mail this application form with complete information on all bowlers and make all checks payable to National Duckpin Bowling Congress (NDBC).

	Name	**Address/City/State Zip**

President_____
Day/Evening Phone: _____email: _____Membership#: _____
VicePresident_____
Day/Evening Phone:_____email:_____Membership#:_____
Secretary _____
Day/Evening Phone:_____email:_____Membership#:_____
Treasurer_____
Day/Evening Phone:_____email:_____Membership#:_____

ALL ABOVE LEAGUE OFFICERS INFORMATION MUST BE COMPLETED

MEMBERSHIP	LAST NAME	FIRST NAME	M/F	ADDRESS/CITY/ST/ZIP	OTHER LEAGUE

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