



4991 Fairview Avenue
Linthicum, MD 21090-1405
Fax: 410-636-3256
Phone: 410-636-BOWL / 410-636-2695

NEW/SUPPLEMENT LEAGUE MEMBERSHIP APPLICATION League Name: _____
Original _____ Supplement _____ (only need Secretary info and bowler information)

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. 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).
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). **PLEASE DO NOT MAIL BOWLER/TEAM REGISTRATION FORMS**

Name	Address/City/State Zip
President _____	_____
Day/Evening Phone: _____	email: _____ Membership#: _____
Vice President _____	_____
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

LEAGUE _____

PLEASE PRINT ALL BOWLERS' INFO THAT IS SANCTIONING IN THIS LEAGUE AND SUBMIT WITH MEMBERSHIP APPLICATION AND/OR CHECK(S)

MEMBERSHIP#	LAST NAME	FIRST NAME	M/F	ADDRESS/City/St/Zip	ANOTHER LEAGUE (name or code)
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