

Replacement Card Request
\$5.00 Fee *Must* Accompany
This Form

NATIONAL 600 BOWLING CLUB, INC.

Margaret Lancaster, Secy/Treas.
4950 Maple Ridge Rd.
Marion, NY 14505
Email: marg600@yahoo.com
Phone: (315) 483-2803

Please Type or Print Information

Last Name First Middle Intl. Social Security Number

Number and Street Phone Number with Area Code

City or Town State Zip Code E-Mail Address

Bowler ID Number _____

Local Association Name _____

Local Association WBA # _____ (5 Digits)

State Association Name _____

National 600 # If Known _____

Approximate year joined _____

Additional Information to help verify membership:

City Association to which I belonged at the time I joined the National 600 Bowling Club.

Local Association State

At the time my name was: _____

Please issue me a replacement card. My **\$5.00** is enclosed. Mail to address above and make checks payable to:

National 600 Bowling Club, Inc.

Signature of Applicant _____ Date _____

Please make a copy of this form for your records. Temporary receipts will not be issued.