

Les Dames de 700 Bowling Club, Inc.

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APPLICATION FOR MEMBERSHIP

Name		USBC #		
Address				
City, State, Zip Code				
Day phone	E	vening phone		
E-mail address				
Local Association				
1 st game 2 nd game	3 rd game	series	date bowled	
League		Team		
Center		Town		
I hereby certify that the above a USBC, WIBC or CTF sanct			e series was bowled by a female in ent.	
League, Local or State Associ please circle one	ation Official_	signature		
SEND ALL CREDENTIALS	ТО			
*			current membership card and card able to Les Dames and mail to the	
DO NOT WRITE IN SPAC	E BELOW			
Date rec'd in office				