

1ST INTERIM MEMBERSHIP CHAIR REPORT

Association: _____

Membership Chair: _____

Date of Report: _____

THIS REPORT MUST BE FILED WITH THE PROVINCIAL OFFICE BY NOVEMBER 22ND, 2003 ALONG WITH THE LEAGUE REQUESTS FOR MEMBERSHIP CARDS. THIS FORM WILL ALSO REPORT ALL LEAGUES WHO HAVE PAID YOUR LOCAL ASSOCIATION FOR MEMBERSHIP PRIOR TO THE NOVEMBER 16TH, 2003 DEADLINE IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN THE \$10,000 SHOOT-OUT TOURNAMENT.

NUMBER OF MEMBERS AS OF THIS REPORT: _____

TOTAL NUMBER OF ACTUAL MEMBERS: _____

TOTAL NUMBER OF DUPLICATES: _____

BREAKDOWN OF MEMBERSHIP BY LEAGUE & CATEGORY

Men's Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Ladies' Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Mixed Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Senior Citizen's Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

OSO Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Other (Please Specify):_____

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

2nd INTERIM MEMBERSHIP CHAIR REPORT

Association: _____

Membership Chair: _____

Date of Report: _____

THIS REPORT IS TO BE FILED WITH THE PROVINCIAL OFFICE BY FEBRUARY 22ND, 2004.

NUMBER OF MEMBERS AS OF THIS REPORT: _____

TOTAL NUMBER OF ACTUAL MEMBERS: _____

TOTAL NUMBER OF DUPLICATES: _____

BREAKDOWN OF MEMBERSHIP BY LEAGUE & CATEGORY

Men's Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Ladies' Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Mixed Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Senior Citizen's Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

OSO Leagues

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

Other (Please Specify): _____

BOWLING CENTRE	LEAGUE NAME	NO. OF MEMBERS	NO. OF DUPLICATES

FINAL MEMBERSHIP REPORT

To be submitted to the Provincial Office on or before **April 28th, 2004.**

It is a requirement that a copy of this report be filed with the Zone Association.

Postdated cheques forwarded to Office: \$ _____ \$ _____ \$ _____
November December January

Total membership money forwarded to office: \$ _____ Number of Members: _____
Number of Duplicates: _____

Please check with your Association Treasurer to make sure the above information is correct.

2003-2004 MEMBERSHIP SUMMARY

A)	TOTAL NUMBER OF ACTUAL MEMBERS: (Do not include Duplicates)	_____
B)	TOTAL NUMBER OF MEMBERS PAID FOR:	- _____
C)	DIFFERENCE +/- :	_____
<u>IF (C) IS POSITIVE (+)</u>		
TOTAL AMOUNT OWING TO BALANCE REPORT:		_____
<u>IF (C) IS NEGATIVE (-)</u>		
REBATE REQUESTED TO BALANCE REPORT:		_____

CHEQUE ENCLOSED WITH REPORT: YES [☐] NO [☐]

NOTE: The Provincial Office will not be issuing any rebates unless the Zone/D.C. Association has filed their "Final" Membership Report with the office. Any rebates less than \$20.00 will be credited to the Zone/D.C. Association account.

ASSOCIATION: _____

MEMBERSHIP CHAIR: _____

DATE OF COMPLETION: _____