

<p><b>2004-2005 100% MEMBERSHIP FORM</b> <i>(To be completed by the Proprietor/Manager)</i></p>
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Name of Bowling Centre:\_\_\_\_\_

Proprietor/Manager's Signature:\_\_\_\_\_

Please list all leagues that are registered with your bowling centre as well as the number of bowlers in each league below:

NAME OF LEAGUE	NUMBER OF BOWLERS IN EACH LEAGUE
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
<b>TOTAL NUMBER OF BOWLERS REGISTERED IN ALL LEAGUES</b>	_____

**PLEASE NOTE:**

THE 100% MEMBERSHIP FORM SHOULD BE COMPLETED ONLY IF YOUR DECENTRALIZED ASSOCIATION HAS 100% MEMBERSHIP WHERE YOU DO NOT MEET THE MEMBERSHIP CRITERIA OF 30 MEMBERS PER LANE BED. THIS FORM SHOULD ACCOMPANY YOUR FINAL MEMBERSHIP REPORT FORM ON OR BEFORE APRIL 29, 2005.