

# MEMBERSHIP REGISTRATION FORM (LIST NEW LEAGUE BOWLERS)

**ZONE/DC ASSOCIATION:** \_\_\_\_\_

**BOWLING CENTRE:** \_\_\_\_\_

**LEAGUE NAME:** \_\_\_\_\_

**LEAGUE SECRETARY:** \_\_\_\_\_

NO.	LAST NAME	FIRST NAME	NEW C5 MEMBER # (Office Use Only)	MEMBER CATEGORY (T, R, S or YBC Grad)	DUP.	GENDER (M or F)
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