

Application for Membership  
In the National 600 Bowling Club, Inc.  
**\$10.00 Fee Must Accompany this Form**

Office Use Only Membership # _____
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**Please Print or Type Information**

_____	_____	_____	_____
Last Name	First	Middle Intl.	Local Assn. WBA (5 Digit #)
_____			_____
Number and Street			Score
_____			_____
City or Town	State	Zip Code	Date Bowled
_____			_____
Social Security Number	Phone # with Area Code	E-Mail Address	

Check here if membership awards are to be mailed to applicant. \_\_\_\_\_  
If not checked, awards will be mailed to address below.

**VERIFICATION INFORMATION BY:** Local 600 Club Secretary \_\_\_\_\_ Local WBA Secretary \_\_\_\_\_ (check one)

_____	_____	_____	
Name	Phone# with area code	E-Mail Address	
_____			
Street Address	City	State	Zip Code
_____			_____
Local Association Name	Local 600 Club Name	State Association	

**SUBMIT THIS FORM ALONG WITH CHECK IN THE AMOUNT OF \$10.00 MADE PAYABLE TO:**

**National 600 Bowling Club, Inc.**  
Margaret Lancaster, Secy/Treas.  
4950 Maple Ridge Rd.  
Marion, NY 14505

**Phone # (315) 483-2803**  
Email: [marg600@yahoo.com](mailto:marg600@yahoo.com)

**PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. TEMPORARY RECEIPTS WILL NOT BE MAILED.**