**Membership Application: Women’s 600 Bowling Club**

Local- La Crosse Membership Dues $8.00 (annually)

Wisconsin State Membership $3.00 (lifetime)

National Membership $20.00 (lifetime) *new fee as of 07/19*

**Total Due with Application $31.00**

***Check payable to: La Crosse Women’s 600 Club***

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bowler’s USBC Card ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ your year of birth\_\_\_\_\_\_\_\_\_\_\_**

(required)

**Date bowled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Series score\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Individual games \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of League or Tournament \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Bowling Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of League or Tournament Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By completing this application form, your application into the State and National Women’s 600 Bowling Clubs will be forwarded by the Local 600 Club secretary. NO ADDITIONAL applications are necessary.**

**Please send your completed application form and check to:**

**Patti Griffith**

**9960 Gardener Avenue**

**Sparta, WI 54656**

***Check payable to: La Crosse Women’s 600 Club***

**If you have questions, please call or email the La Crosse Women’s 600 Club Secretary:**

Patti Griffith

608-799-5570

[pjgriffi142@gmail.com](mailto:pjgriffi142@gmail.com)

Congratulation and Welcome!!!