

APPLICATION FOR MEMBERSHIP  
WISCONSIN WOMEN'S  
500 BOWLING CLUB



Last Name (Please Print) First Middle Initial

Address

City State Zip

Phone # (area code) Email Address

USBC # (required) \_\_\_\_\_

If a member of the National or a Local 500 Club,  
list the membership number \_\_\_\_\_

If NOT a member of a local 500 club, complete the following to be  
verified by league, association or tournament official:

Official's Signature: \_\_\_\_\_

Score \_\_\_\_\_ Date \_\_\_\_\_

**Membership Fee \$10.00**

Make check payable to:  
Wisconsin Women's 500 Bowling Club  
Cindy Kuchenreuther  
1604 Madison St  
Waukesha, WI 53188  
262-547-0104 WW500Club@gmail.com  
[www.orgsites.com/wi/ww500bc](http://www.orgsites.com/wi/ww500bc)

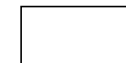
BOWLER RECEIPT  
WISCONSIN WOMEN'S 500 BOWLING CLUB

New Member's Name: \_\_\_\_\_

I have collected \$10.00 membership fee.

Official's Signature: \_\_\_\_\_

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