

**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) _____

Membership Fee \$10.00 (LIFETIME)

Make check payable to:
Wisconsin Women's 500 Bowling Club
Cindy Kuchenreuther
11421 W Balboa St
Franklin, WI 53132
414-235-8262
WW500Club@gmail.com
www.orgsites.com/wi/ww500bc

Mark this box if you would like the Club
Bylaws mailed to you, otherwise they can be
downloaded from our website at
WWW.ORGsites.COM/WI/WW500BC

OFFICE USE ONLY

Application Received _____
___ Card ___ Pin ___ Bylaws

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