



MEMBERSHIP APPLICATION

NATIONAL WOMEN BOWLING WRITERS

NAME: _____ Nat'l ID # _____ Gender F _____ M _____
(please print)

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ DATE OF BIRTH ____/____/____
(Month) (Day)

FAX: (____) _____ E-MAIL: _____

I am eligible to compete for awards in the _____ professional _____ nonprofessional class

Association for which I write: _____

Publication for which I write: _____ Serve as Editor? _____

I enclose \$15 dues as a New member _____ and \$ _____ for _____ pro / non pro pins (circle one)
Renewal member _____

Please make checks payable to **NATIONAL WOMEN BOWLING WRITERS**

Send application and check to:

Barbara Spencer, Treasurer
225 Love Avenue
Greenwood, IN 46142

Would you like to receive

Knows for News

Electronically (by e-mail)?

Yes _____ No _____

Membership pins:

\$3.00

(Silver non-pro, gold pro)

each @ \$3.00= _____

(Rev. 3/05)