APPLICATION FOR MEMBERSHIP
NATIONAL WOMEN'S 500 CLUB, INC.

Last Name First Middle U.S.B.C. ID #

( )

Address Area Code Phone No. Date

City State Zip U.S.B.C. State Association

Member of a 500 local or State Club ❑ Yes ❑ No Member of National 600 Club ❑ Yes ❑ No

Social Security # _____ Local Association_____

IF NOT complete the following:

Verified by league or tournament official Score Date

❑ Membership Fee $15.00 ❑ Emblem $3.00 ❑ Towel $5.00

Make check payable to:
NATIONAL WOMEN'S 500 CLUB
Send Membership To:
Applicant _____ 500 Secretary _____

Mail to:
DONNA L. OBERG
731 Conch Shell Manor
Plantation, Florida 33324-2901

APPLICANT RECEIPT

Name: _____

Address: _____

City: _____State: _____Zip: _____

I have collected the $ _____ total amount.

❑ Membership Fee $15.00 ❑ Emblem $3.00 ❑ Towel $5.00

Official's Signature

Address: _____City: _____State:_____Zip: _____

Email: natl500sec@aol.com Web Site: www.nationalwomen500club.org