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

Last Name First Middle USBC ID #

( )

Address Area Code Phone No. Date

City State Zip USBC State Association

Local Association _____ Email _____

Member of a Local 500 Club ❑ Yes ❑ No Member of National 500 Club ❑ Yes ❑ No

Verified by league or tournament official Score Date

❑ Membership Fee $15.00 ❑ Emblem $4.00 ❑ Towel $5.00

❑ Tournament Bar (Disk Holder) $7.00 ❑ Replacement Card $5.00 ❑ Extra Club Pin $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 $4.00 ❑ Towel $5.00

❑ Tournament Bar (Disk Holder) $7.00 ❑ Replacement Card $5.00 ❑ Extra Club Pin $5.00

Official's Signature: _____ Date: _____

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