

**USE THIS FORM TO ADD PAYING MEMBERS TO YOUR LEAGUE ROSTER**

# **ADDED MEMBERSHIP REQUEST FORM**

Amount Enclosed: \$ \_\_\_\_\_ for \_\_\_\_\_ new memberships. League Code: \_\_\_\_\_

League Name: \_\_\_\_\_ Bowling Center: \_\_\_\_\_

Please print the names of the individuals paying membership dues via this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Submit membership application card(s) and membership dues to:*

**NCAUSBCA, 9315 Largo Drive West, Suite 110, Largo, MD 20774-4762**



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*Fillable online forms are available at [www.ncausbca.org/secretary.html](http://www.ncausbca.org/secretary.html)*