

**PLEASE INFORM THE LOCAL ASSOCIATION WHEN A LEAGUE MEMBER DIES.
We keep a memorial of these "angels" and need your help to keep it up-to-date.**

DEATH NOTICE FORM

Member's Name: _____

Date of Death (MM/DD/201Y): ____/____/201____ (required)

League Name: _____ Bowling Center: _____

Please print clearly and return 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