

**THE NATIONAL BOWLING ASSOCIATION, INC. JUNIOR PROGRAM  
INDIVIDUAL MEMBERSHIP APPLICATION**

(Please Print All Information) Date \_\_\_\_\_

Boy \_\_\_\_ Girl \_\_\_\_ INDICATE BY (X) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Last Name First Name USBC Number Phone

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
League Senate

\_\_\_\_\_  
Parent Name Parent Phone Number

\_\_\_\_\_  
Parent Email Address Non-Bowler (Y or N) \_\_\_\_

**TNBA JUNIOR PROGRAM  
MEMBERSHIP RECEIPT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
League Date

\_\_\_\_\_  
Senate

\_\_\_\_\_  
Signature League/Tournament

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