



4991 Fairview Avenue
Linthicum, MD 21090
410-636-2695

NEW / SUPPLEMENT LEAGUE MEMBERSHIP APPLICATION

___ Original / New ___ Supplement (only need Secretary info and bowler information)

Local Association: _____ League Name / Code: _____

Number of Teams: _____ Number of Bowlers per Team: _____

Day of Week: _____ Start Time (am / pm): _____ Beginning Date: _____ Ending Date: _____

League Type: (check only one) ___ Mixed ___ Men ___ Women ___ Senior

League Season: ___ Winter ___ Summer Bowling Center: _____

League Registration Fee: \$ _____

Total Number of Bowlers on this application _____ x \$ _____ (fee per bowler) = \$ _____

*see Fee Schedule (<https://ndbc.org/pdf/Fee-Schedule.pdf>)

Total Amount Attached: \$ _____ (Payable to: National Duckpin Bowling Congress or NDBC)

INSTRUCTIONS:

1. Each bowler/team must fill in his/her name, address, zip code, and membership number (if applicable) on the Bowler / Team Registration form. If bowler indicates they bowl in another league, the secretary must provide the name, location or league code number of that league on registration form.
2. Record all information for each bowler from Bowler / Team Registration onto the application (or a spreadsheet of your own in same format) or you can mail copy of the Bowler / Team Registration form which ever you prefer.
3. Original application must contain all information to be valid.
4. Give bowler a receipt, if requested (in packet). DO NOT MAIL, secretary to keep.
5. Mail this application form with complete information on all bowlers and make all checks payable to National Duckpin Bowling Congress or NDBC.

President:

Name: _____ Membership Number: _____

Address (City / State / Zip): _____

Phone: _____ Email: _____

Vice President:

Name: _____ Membership Number: _____

Address (City / State / Zip): _____

Phone: _____ Email: _____

Secretary:

Name: _____ Membership Number: _____

Address (City / State / Zip): _____

Phone: _____ Email: _____

Treasurer:

Name: _____ Membership Number: _____

Address (City / State / Zip): _____

Phone: _____ Email: _____

ALL INFORMATION FOR LEAGUE OFFICERS MUST BE COMPLETED.