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 600 Club ❑ Yes ❑ No

Verified by league or tournament official _____ Score _____ Date _____

❑ Membership Fee $15.00 ❑ Emblem $5.00 ❑ Towel $7.00

❑ Tournament Bar (Disk Holder) $8.00 ❑ Replacement Card $5.00 ❑ Club Pin $8.00

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 $5.00 ❑ Towel $7.00

❑ Tournament Bar (Disk Holder) $8.00 ❑ Replacement Card $5.00 ❑ Club Pin $8.00

Official's Signature: _____ _____ Date: _____

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