

PBA REINSTATEMENT APPLICATION

Please Avoid Errors - Type or Print

NAME: _____ FORMER PBA #: _____

CATEGORY YOU ARE APPLYING FOR:

FULL (+\$300 Annually)

STANDARD (+\$144 Annually)

FULL (+\$25 Per Month)

STANDARD (+\$12 Per Month)

IF YOUR PREVIOUS MEMBERSHIP ENDED BEFORE JANUARY 1, 2006, YOU WILL BE CHARGED \$99.00 FOR YOUR REINSTATEMENT FEE. IF YOUR PREVIOUS MEMBERSHIP ENDED ON OR AFTER JANUARY 1, 2006, YOU WILL BE CHARGED \$198 FOR YOUR REINSTATEMENT FEE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME NUMBER: _____ CELL PHONE NUMBER: _____

WORK: _____

EMAIL ADDRESS: _____ BIRTHDAY: - -

RIGHT HANDED

SOCIAL SECURITY #: _____ LEFT HANDED

HOW DO YOU WANT YOUR NAME TO
APPEAR ON YOUR MEMBERSHIP CARD? _____

PAYMENT INFORMATION (Make Money Orders Payable to PBA)

CREDIT CARDS ACCEPTED: _____ DISCOVER CARD MASTERCARD VISA

CREDIT CARD #: _____

EXP. DATE: - - CVV#: _____

NAME ON CARD: _____

SIGNATURE: _____

DO YOU CURRENTLY WORK IN A PRO SHOP? YES NO

IF **YES** PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR LISTING ON PBA.COM

(FULL MEMBERS ONLY)

PRO SHOP NAME: _____

PRO SHOP ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEAREST BOWLING CENTER: _____

PRO SHOP INTERNET/EMAIL ADDRESS: _____

PRO SHOP PHONE #: _____ PRO SHOP FAX #: _____

PLEASE MAIL OR FAX PBA APPLICATIONS WITH A COPY
OF YOUR DRIVER'S LICENSE TO:

Professional Bowlers Association, Attn: Membership
719 Second Ave, Suite 701, Seattle, WA 98104
Phone: (206) 332-9688 | Fax: (206) 332-9722

