

PBA Reinstatement Application

Please Avoid Errors - Type or Print

NAME:

FORMER PBA #:

MEMBERSHIP CLASSIFICATION YOU ARE APPLYING FOR:

FULL (\$300 annually or \$25 monthly)

STANDARD (\$144 annually or \$12 monthly)

ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

FAX:

BIRTHDAY: - -

RIGHT HANDED

LEFT HANDED

SOCIAL SECURITY #:

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



IF YOUR PREVIOUS MEMBERSHIP ENDED BEFORE JANUARY 1, 2001, YOU WILL BE CHARGED \$99.00 FOR YOUR REINSTATEMENT FEE. IF YOUR PREVIOUS MEMBERSHIP ENDED ON OR AFTER JANUARY 1, 2001, YOU WILL BE CHARGED \$198 FOR YOUR REINSTATEMENT FEE