

# PBA REINSTATEMENT APPLICATION

Please Avoid Errors - Type or Print

NAME: \_\_\_\_\_ FORMER PBA #: \_\_\_\_\_  
USBC #: \_\_\_\_\_

CATEGORY YOU ARE APPLYING FOR:

- FULL (\$99 REINSTATEMENT FEE +\$300 ANNUALLY)       STANDARD (\$99 REINSTATEMENT FEE +\$144 ANNUALLY)  
 FULL (\$99 REINSTATEMENT FEE +\$28 PER MONTH)       STANDARD (\$99 REINSTATEMENT FEE + \$15 PER MONTH)  
 ACTIVE DUTY ARMED FORCES (\$0) Active Duty Military ID card required

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ 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**

55 E. Jackson Blvd., Suite 401 | Chicago, IL 60604

Phone: (206) 332-9688 | Fax: (312) 341-1469

