



A.W.B.A. Membership Application

NAME

ADDRESS

CITY

STATE

ZIP

PHONE #

EMAIL

BY ACCEPTING MEMBERSHIP IN THE AMERICAN WHEELCHAIR BOWLING ASSOCIATION, I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE ASSOCIATION.

SIGNATURE

DATE

TYPE OF INJURY () PARA () QUAD () AMP () OTHER

**YEARLY MEMBERSHIPS – REGULAR OR ASSOCIATE
\$15 DUE ON AUGUST 1 EACH YEAR**

**LIFE MEMBERSHIPS – REGULAR OR ASSOCIATE
\$150 (MAY BE PAID ANYTIME)**

CONSTITUTION & BYLAWS MAY BE OBTAINED BY CONTACTING THE SECRETARY OF THE AWBA.

ALL MEMBERS ARE ELIGIBLE FOR AWBA PATCH AWARDS FOR 200, 250 GAMES; FOR 500, 550 600, 650, 700 SERIES; FOR 4-7-10, 6-7-10, 7-10, 4-6-7-10 SPLIT CONVERSIONS; FOR ALL SPARE GAMES, TRIPLICATE SERIES, 100 PINS OVER AVERAGE GAMES AND 150 OVER AVERAGE SERIES.

SUBMIT COMPLETED APPLICATIONS TO:

**Peggy Smith, AWBA Secretary
22000 N. Douglas Avenue
Edmond, OK 73012**

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Office Use:

Received: _____

Assigned # _____