

IOWA 600 BOWLING CLUB RENEWAL FORM

PLEASE ALPHABETIZE ALL NAMES. (If you run out of room just make a copy of this form or a plain piece of paper will be just fine.)

NOTE: If you have a Member that has had a name change in last name please list her new name followed by (old last name). Please mark Members that are NEW. Thanks!

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|                 |            |
|-----------------|------------|
| Name:           | Phone #:   |
| Address:        |            |
| City/State/Zip: |            |
| Title:          | #Enclosed: |
| Email:          | Fax #(?):  |

**▶ Please Note Renewal Dues are \$3.00 per Member**

(Please indicate if Member wishes to receive a membership card – will not be issued unless requested or a new Member.)

| Name | New<br>✓ | Card<br>Requested<br>✓ |
|------|----------|------------------------|
| 1.   |          |                        |
| 2.   |          |                        |
| 3.   |          |                        |
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| 12.  |          |                        |
| 13.  |          |                        |
| 14.  |          |                        |
| 15.  |          |                        |

| Name | New<br>✓ | Card<br>Requested<br>✓ |
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| 30.  |          |                        |