



Alberta 5 Pin Bowlers Association

432 - 14 Street South - LETHBRIDGE, AB T1J 2X7
Telephone: (403) 320-BOWL * TOLL FREE: 1-800-762-3075 * Fax: (403) 320-2676
E-Mail: a5pba@telus.net * Website: www.alberta5pin.com



MEMBERSHIP REGISTRATION - 2017-2018 SEASON

Bowling Centre: _____

Membership # : _____

Check one **NEW** Registration *Change Info* **RENEWAL** **TRANSFER**
From: _____

NAME: _____
Please Print (First Name) (Middle Initial(s)) (Surname)

Male
 Female
 Gender Variant
Please Circle

ADDRESS: Street or PO Box: _____
City / Town: _____
Postal Code: _____
PHONE: Preferred: (____) _____ - _____
Alternate: (____) _____ - _____
E-MAIL: _____

Membership Card Type	Birth Year	COST
ADULT <input type="checkbox"/> (Ages 22-54)	_____	(\$14.00) <input type="checkbox"/>
GOLDEN AGE <input type="checkbox"/> (Ages 55+ as of December 31st)	_____	(\$7.00) <input type="checkbox"/>
YOUTH <input type="checkbox"/> (Ages 0-21 as of December 31st)	_____	(\$7.00) <input type="checkbox"/>
REPLACEMENT <input type="checkbox"/> Your # is the same. Please contact the A5PBA office for cost if you require a replacement card.		

ALL GOLDEN AGE & YOUTH MUST PROVIDE THEIR BIRTH YEAR TO RECEIVE THE DISCOUNTED FEE!

Method of Payment: CASH / Money Order **CHEQUE #** _____
(Please make cheques payable to the Alberta 5 Pin Bowlers Association)

***** PLEASE READ & SIGN THE FOLLOWING FOR PERMISSION TO USE YOUR PERSONAL INFORMATION**

By signing below, I **GRANT PERMISSION** to any of the affiliated Local, Provincial & National 5 Pin Bowling Associations, the irrevocable right to collect, use and disclose, at their discretion any information about me and my participation in any event (not limited to information contained in this registration package) for publicity, advertising or other promotion of any event or for the purpose of acknowledging or publicizing my achievement at any event. I understand that this may include written, pictorial or video materials.

PERMISSION REVOKED

Signed: _____ Date: _____

Parent / Guardian Signature if under 18 years old _____

RETURN ABOVE PORTION WITH PAYMENT - RETAIN RECEIPT BELOW FOR YOUR RECORDS

Received from _____ \$ _____

In payment of A5PBA Membership Card in Alberta for the 2017-2018 season.

A5PBA Card # _____ OR NEW CARD

CENTRE REP: _____ DATE: _____
(Signature)



Please retain receipt until you receive your New Card or 2017-2018 Annual Card.

