



Alberta 5 Pin Bowlers' Association

PO Box 53680, RPO Ellerslie, Edmonton, AB T6X 0P6

(403) 320-2695 or 1-800-762-3075

a5pba@telus.net www.alberta5pin.com



MEMBERSHIP REGISTRATION - 2024-2025 SEASON

Register Online @ www.alberta5pin.com/administration/online-membership-form/

Bowling Centre: _____

Membership # : _____

PLEASE Check one NEW Registration Update Info RENEWAL TRANSFER

PLEASE PRINT Date of Last Membership _____ From Center: _____

NAME: _____
(First Name) (Middle Initial) (Surname)

Male
 Female
 Gender Variant

ADDRESS: _____ PHONE: _____ Please Circle
Street or PO Box: _____ Preferred: () - _____ Cell Home Work
City / Town: _____ Alternate: () - _____ Cell Home Work
Postal Code: _____ E-MAIL: _____

Membership Card Type	Birth Year	COST
ADULT <input type="checkbox"/> (Ages 22-54)	_____	(\$17.00) <input type="checkbox"/>
GOLDEN AGE <input type="checkbox"/> (Ages 55+ as of December 31st)	_____	(\$10.00) <input type="checkbox"/>
YOUTH <input type="checkbox"/> (Ages 0-21 as of December 31st)	_____	(\$10.00) <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 CHEQUE # _____ EFT _____
Date of EFT

EFT's may be sent direct to the A5PBA office @ a5pba@telus.net

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 _____

A5 OFFICE USE: Rec'd _____ Distr. _____ MR _____ DB _____ Inv # _____

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

Received from _____ \$ _____

In payment of A5PBA Membership Card in Alberta for the 2024-2025 season.

A5PBA Card # _____ OR NEW CARD

CENTRE REP: _____ DATE: _____
(Signature)



2024-25