



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

Government of Alberta



MEMBERSHIP REGISTRATION - 2013-2014 SEASON

Bowling Centre: _____ Membership # : _____

Check one NEW Registration Change Info RENEWAL TRANSFER

NAME:

Please Print

(First Name)

(Middle Initial(s))

(Surname)

Male

Female

ADDRESS:

Street or PO Box: _____

PHONE:

Preferred: (_____) _____ - _____

City / Town: _____

Alternate: (_____) _____ - _____

Ext: _____

Postal Code: _____

Other/Cell: (_____) _____ - _____

E-MAIL: _____

Membership Card Type

Birth Year

COST

ADULT

(Ages 22-54)

(\$12.00)

GOLDEN AGE

(Ages 55+ as of December 31st)

(\$6.00)

YOUTH

(Ages 0-21 as of December 31st)

(\$6.00)

REPLACEMENT

Adult / Golden Age / Youth

Card #: _____

(\$5.00)*

* Plus Member Fee

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 C5PBA Membership Card in Alberta for the 2013-2014 season.



2013-14

C5PBA Card # _____ OR NEW CARD

CENTRE REP: _____ DATE: _____
(Signature)

Please retain receipt until you receive your New Card or 2013-2014 Annual Card.