



APPLICATION FOR CTF MEMBERSHIP

League Name		Bowling Centre	
CTF ID #	Last Name	First Name	Initial
<input type="checkbox"/> Male	Mailing Address		Apt. #
<input type="checkbox"/> Female			
City	Prov	Postal Code	Phone #
Date of Birth (MM/DD/YY)	Email address		
<input type="checkbox"/> Dues paid through this league	Name of Other League		
<input type="checkbox"/> Dues paid through other league			\$
Signature	Date	Amount of Dues Paid	
<input type="checkbox"/> YES, I wish to make a donation to Team Canada	Amount donated:	\$	
Please give your donation to your League Secretary for processing			

Temporary Membership Receipt



Bowler ID #
Full Name
League Name
If you do not receive membership card within 45 days, contact your Local Association
Signature of League Secretary
Valid for 45 days from
Date



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