

# Wy-Jon County Bowling Association



ADDRESS ALL CORRESPONDENCE TO  
ASSOCIATION MANAGER  
12210 JOHNSON DRIVE  
P.O. BOX 3013  
SHAWNEE, KANSAS 66203  
913-631-7209

## APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ HOW LONG \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

HOBBIES \_\_\_\_\_

NUMBER OF YEARS YOU HAVE BOWLED \_\_\_\_\_ AVG \_\_\_\_\_ HIGH SCORES \_\_\_\_\_

CENTERS YOU BOWL IN \_\_\_\_\_ WHAT NIGHT \_\_\_\_\_

CAN YOU ATTEND ASSOCIATION MEETINGS WHEN THEY ARE CALLED \_\_\_\_\_  
(usually on Sunday and as many as 6 meetings a year)

CAN YOU GO TO BOWLING CENTERS TO PROMOTE BOWLING AND TO PRESENT  
AWARDS EARNED BY BOWLERS? \_\_\_\_\_

WHY DO YOU WANT TO SERVE ON THE WY-JON BOARD? \_\_\_\_\_

HOW LONG HAVE YOU BEEN A MEMBER OF THE WY-JON BOARD? \_\_\_\_\_

DO YOU WISH TO CONTINUE AS A BOARD MEMBER? \_\_\_\_\_

ARE YOU INTERESTED IN BEING AN OFFICER? \_\_\_\_\_

WHAT COMMITTEES WOULD YOU LIKE TO BE ON? \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_