[1]PLEASE USE TYPEWRITER

THE NATIONAL BOWLING ASSOCIATION, INC.

Application for League Certification

Season – 20_____20_____TNBA Certification No._____Fee $5.00 --- Date Received by TNBA _____

League Name_____of the_____Bowling Senate

League Contains (number)_____teams, consisting of _____men, and/or_____women per team.

League Schedule play at _____Bowling Establishment

Address of Bowling Establishment_____City_____State_____Zip Code_____

Leagues games will be bowled on Lanes_____ Lane Certificate No._____

Date league schedule starts_____Date schedule ends_____

The undersigned officers of the above named league hereby apply, through the City Senate whose endorsement appears below, for National Association Certified to conduct a Tenpin Bowling League in compliance with TNBA rules and regulations. We certify that all members of this league who are listed below are members of the National Bowling Association.

_____
League President

_____
League Secretary

_____
Address-Number & Street Phone

_____
Address-Number & Street Phone

_____
City **State** **Zip Code**

_____
City **State** **Zip Code**

This application is approved and certified is recommended by the_____Bowling Senate.

Date_____, 20_____. SIGNED:

_____Senate President

_____Senate Secretary

IMPORTANT: List names and complete addresses, including zip code, of all members who are TNBA members, either through this league or otherwise. PLEASE CHECK MARK (✓) IN FRONT OF NAMES OF MEMBERS WHO ARE PURCHASING TNBA MEMBERSHIP THROUGH THIS LEAGUE. DO NOT LIST NAMES OF NON-TNBA MEMBERS. Fill out in triplicate. Send WHITE and YELLOW copies to TNBA Office. Card numbers will be assigned. YELLOW copy and filled in cards will be sent to Senate Secretary. Senate Secretary must post card numbers in PINK copy. Keep YELLOW copy for senate files. Deliver PINK copy and filled in cards to league secretary.

PLEASE INDICATE BY (X) IF: 100% TNBA CERTIFIED_____ (All members TNBA) PARTIALLY CERTIFIED_____ (Number of TNBA members_____)

(✓)	CARD NO.	NAME	ADDRESS & ZIP CODE	

TOTAL MEMBERS_____TOTAL MEMBERS PAID THROUGH THIS LEAGUE_____ CASH PAID_____

USE CARBON to list additional names on back of this form.

[1]Revised 8/10