



BOWLING PROPRIETORS' ASSOCIATION OF AMERICA, INC.

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ISBPA MEMBERSHIP APPLICATION

This application is being made under the following terms and conditions:
That membership is on a calendar basis, January 1 through December 31

REGULAR MEMBERSHIP CATEGORY (through state or local association)
That as a prerequisite to BPAA membership, membership will also be applied for in the local and/or state bowling proprietor associations where the establishment is located, and applicable dues paid.

BPAA National Dues Plus ISBPA State Dues are \$39.00 per lane per year

NAME: _____ **ESTABLISHMENT:** _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: () _____ **FAX:** () _____

E-MAIL: _____

OF LANES: _____ *Please Indicate:* **NO. OF TENPIN** _____ **NO. OF NON-TENPIN** _____

Total Lanes in Center: _____ **X \$39.00 = Total Amt. Due: \$** _____

Please Check One:

Enclosed is my check made payable to **BPAA**. Check # _____
(Please have check accompany this application; **U. S. dollars only**.)

-or-

Credit card: _____ VISA _____ M/C _____ AMEX _____ Discover

Card #: _____ **Exp. Date:** _____

If you are paying with VISA – please supply the 3-digit number from back of card. _____

Cardholder Name: _____

Signature: _____