Motor City Bowler's Guild, Inc
Membership Application

Date _____

Name: _____ USBC#: _____

Address: _____ City: _____ State_____ Zip: _____

Residence Phone: (_____) _____ Business Phone: (_____) _____

Age:_____ Date of Birth:_____ ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Place of Employment _____ Email _____

Leagues in which you are currently bowling Center:

1._____ 1. _____

2._____ 2. _____

3._____ 3. _____

Current Yearbook Average: _____ Have you ever been a member of MCBG? ☐ Yes ☐ No

Reason for leaving: _____

Have you ever been suspended from Any USBC (or affiliate) Certified League or Tournament? ☐ Yes ☐ No

If yes, give date(s), location and first action of suspension. _____

_____

Do you belong to any organizations? If so, please list the name of the organization, length of time affiliated and any offices held.

_____

_____

References: (Give complete names and phone numbers)

Name: Phone number:

1. _____ 2. (____) _____

2. _____ 2. (____) _____

Guild Sponsor's Signature:_____

FALSIFICATION OF ANY STATEMENT ON APPLICATION WILL RESULT IN DISMISSAL

Date: _____ Applicants Signature: _____

Motor City Bowler's Guild, Inc

P. O. Box 27740
Detroit, MI 48227

New Member's Signature:_____
(Indicates rules have been explained to you and you accept)

Date:_____

Board of Directors

Witnessed and Accepted by:	**Witnessed and Rejected by:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Leaving comments: _____

_____

_____

Revised by the 2025 – 2026 Board of Directors