

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