

Bowlers Association of Sun City West (BASCW)



20____ Membership Application Date: _____

**Please make checks Payable to BASCW,
\$10.00 each or \$20.00 per Couple**

Name #1 _____ RCSCW Card # _____
Phone #1 _____ E-Mail Address _____

Name #2 _____ RCSCW Card # _____
Phone #2 _____ E-Mail Address _____

Address _____

(E-mail address will be used exclusively for club notices.)

BASCW Membership is open to all Sun City West residents in good standing.

**Please print this application, and place it
in the BASCW Mail Box, at the League Desk, at Johnson Lanes**