



BASCW MEMBERSHIP FORM

MEMBERSHIP EXPIRES SEPTEMBER 30, 2024

ANNUAL DUES \$10 PER PERSON (Make checks payable to **BASCW**)

- PLEASE PUT COMPLETED FORM AND DUES (cash or check) IN BASCW ENVELOPE AND THEN PUT IN THE BASCW DROPBOX TO THE RIGHT OF THE DESK.
- PLEASE FILL OUT ALL INFORMATION. **PLEASE PRINT CLEARLY.**
- EMAIL ADDRESS WILL BE USED EXCLUSIVELY FOR CLUB NOTICES.
- QUESTIONS: Contact Donna Himes (Boom) 480-652-7614 or tndhimes@cox.net
- **Membership fees are not refundable.**

DATE _____

PERSON #1 Please check one: New Member _____ Renewed Member _____

NAME AS IT APPEARS ON REC. CARD _____

NAME YOU PREFER IF DIFFERENT FROM NAME ON REC. CARD _____

MALE OR FEMALE (NEEDED FOR BOWLING DIVISION) _____

REC CARD # _____ **YOU MUST HAVE A REC. NUMBER TO JOIN THE CLUB.**

ADDRESS _____

PHONE _____

EMAIL ADDRESS (**PLEASE PRINT**) _____

PERSON #2 Please check one: New Member _____ Renewed Member _____

NAME AS IT APPEARS ON REC. CARD _____

NAME YOU PREFER IF DIFFERENT FROM NAME ON REC. CARD _____

MALE OR FEMALE (NEEDED FOR BOWLING DIVISION) _____

REC. CARD # _____ **YOU MUST HAVE A REC. NUMBER TO JOIN THE CLUB.**

ADDRESS _____

PHONE _____

EMAIL ADDRESS (**PLEASE PRINT**) _____

Office use: Date: _____ check/cash _____ check # _____ welcome _____ List _____ trans _____ board email _____ CR-4 _____