



BOWLING PROPRIETORS' ASSOCIATION OF AMERICA, INC.

Scott Devers, Association Manager  
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2016 IBCA MEMBERSHIP APPLICATION

This application is being made under the following terms and conditions:  
That membership is on a calendar basis, January 1, 2016 through December 31, 2016.

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 are \$29 per lane per year. Indiana State dues are \$25 per lane per year.

NAME: \_\_\_\_\_ ESTABLISHMENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_IN\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

# OF LANES: \_\_\_\_\_ Please Indicate: NO. OF TENPIN \_\_\_\_\_ NO. OF NON-TENPIN \_\_\_\_\_

Nat'l Dues: \$ \_\_\_\_\_ State Dues: \$ \_\_\_\_\_ 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 iV please supply the 3-digit number from back of card. \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_