



International Bowling Pro Shop & Instructors Association Inc.

MEMBERSHIP APPLICATION

Phone 800-659-9444 • Fax 817-633-2940

621 Six Flags Dr Arlington, TX 76011

Membership Administration: Lori Hurst lori@ibpsia.com

Become an IBPSIA member **TODAY!**

Contact Name: _____ Owner Manager

Business Name: _____

If located inside bowling center, center name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Mailing Address (if different): _____

Business Phone: _____ Cell: _____

Facebook: _____ Email: _____

Website: _____ Branches: Yes No

Regular Membership **(receives full member benefits)**

	US	INTL
<input type="checkbox"/> Indep. Owned In Bowling Center	\$250	\$125
<input type="checkbox"/> Indep. Owned Free Standing		

Multiple Locations in membership will receive discounted rate

IBPSIA Coaching Membership **(must be an active USBC Certified Coach)**

	US	INTL
<input type="checkbox"/> Level I	\$59.95	\$59.95
<input type="checkbox"/> Bronze Coach		
<input type="checkbox"/> Silver Coach		
<input type="checkbox"/> Gold Coach		

Please check the appropriate box.

Annual membership is from January 1 through December 31st. Renewal notices will be sent by mail in October with payment due date of January 1.

REGULAR MEMBERSHIP BENEFITS

Included in FULL MEMBERSHIP for Pro Shops

Ability to purchase ONE High Performance Ball per year at \$75.00 plus freight from EACH of the participating IBPSIA Industry Partners and Brands. (US ONLY no overseas shipping)

IBPSIA Website Listing and IBPSIA Net News

Education discounts for all IBPSIA classes and discounts on IBPSIA/USBC Coaching seminars

Participation in money saving BPAA and IBPSIA Smart Buy Programs.

COACHES BENEFITS

Must be an active USBC Certified Coach

IBPSIA Website listing, USBC Coaching website listing.

Quarterly USBC newsletter, IBPSIA Net News

Discount to IBPSIA/USBC Coaching Seminars

Ability to purchase TWO high performance ball per year at \$75.00 plus freight from one of the participating IBPSIA Industry Partners

Payment Information

Credit Card: AMEX VISA MasterCard Discover

Card Number: _____ CCD# _____ Exp. Date _____

Name on Card: _____

Signature: _____

Billing address if different _____

Check made payable to **IBPSIA** is attached. (U.S. Dollars only.) Amount: \$ _____ Check #: _____

Application and payment received by: _____

Branch Information

Name _____ Contact Name _____

Address _____

If inside center what is the centers name _____

Phone number _____ e-mail _____

Billing address _____