



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: _____

Physical Address: _____

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

Mailing Address (if different): _____

Business Phone: _____ Cell: _____

Facebook: _____ Email: _____

Website: _____ Brands: Yes No

Associate Membership (able to extend offers to IBPSIA members)

US

INTL

\$450

\$250

- Manufacturer
- Distributor
- Organization
- Service Provider
- Other _____

All brands must be in membership to participate in offering specials to our members.

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.

ASSOCIATE MEMBERSHIP

All Associate Members will be listed on the IBPSIA Website. Your logo will be a direct link to your website, so it is imperative that we have the latest logo.

All Associate Members who provide an approved IBPSIA educational class has the ability to promote their classes through our weekly Net News

All Associate Members can promote new releases or updates about their company through our weekly Net News

All Associate Members once a year will have access to the current year's IBPSIA membership base mailing list

All Associate Members have the ability to offer specials through our weekly Net News

All Associate Members will have the ability to offer specials in our Membership brochure. We must have the information for specials or discounts by November 30th to be included in the brochure

All Associate Member ball manufacturers will be able to participate in the ball seed program that we offer our members

Associate Membership: Companies or firms that furnish goods/services to pro shops and/or instructors/coaches.

Payment Information

Credit Card: AMEX VISA MasterCard Discover

Card Number: _____ Exp. Date: _____ CCD# _____

Name on Card: _____

Signature: _____

Billing address if different _____

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

Brands

Company Name _____ Contact Name _____

Contact e-mail _____ Contact Phone Number _____

Address _____

Company Name _____ Contact Name _____

Contact e-mail _____ Contact Phone Number _____

Address _____

Company Name _____ Contact Name _____

Contact e-mail _____ Contact Phone Number _____

Address _____