

CHANGE OF ASSOCIATION OFFICER / DIRECTOR AND / OR ADDRESS

This form is to be used to report any changes, corrections or additions to your 2017-2018 Local Officers/Directors Report

NAME: _____
(Association Name) (Association Number)

NEW OFFICER / DIRECTOR NAME: _____

POSITION: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: Home: _____ / _____ Work: _____ / _____

E-Mail: _____

SHE/HE IS REPLACING: _____

EFFECTIVE DATE: _____

SIGNATURE: _____ TITLE: _____

MAIL TO: Michigan State USBC Women's Bowling Association
P.O. Box 217
Grandville MI 49468-0217

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