

**IGBO League Renewal Form and Voter Authorization
2009/2010 Season**



PLEASE PRINT. TO ENSURE TIMELY PROCESSING, THIS FORM AND MEMBERSHIP DUES MUST
BE SENT TO THE REGIONAL DIRECTOR NO LATER THAN OCTOBER 15, 2009 –REF. SECTION 4.3(B), IGBO P&P

1. **NAME OF LEAGUE:** _____ REGION _____
BOWLING CENTER: _____
CENTER ADDRESS: _____ PHONE: _____
CITY _____ ST/PROV _____ POSTAL CODE _____
WEBSITE URL: _____ E_MAIL: _____
2. **LEAGUE DETAILS:** DAY OF WEEK: _____ TIME: _____ NATIONALLY CERTIFIED? (Y/N) _____
NO. OF WOMEN: _____ NO. OF MEN: _____ NO. OF TEAMS: _____ BOWLERS PER TEAM: _____
DATE SCHEDULE BEGINS: _____ DATE SCHEDULE ENDS: _____ NO. OF WEEKS: _____
YEAR LEAGUE JOINED IGBO: _____ BOWL SUMMER LEAGUE? YES ___ NO ___

3. **LEAGUE PRESIDENT** (SIGNATURE REQUIRED ON BACK)
FIRST NAME _____ M/I _____ LAST NAME _____ JR./SR./III _____ M/F _____
ADDRESS: _____ PHONE: _____
CITY: _____ ST/PROV. _____ POSTAL CODE _____ E-MAIL _____
- I DO NOT WISH TO HAVE MY NAME AND E-MAIL ADDRESS LISTED IN THE PUBLIC ACCESS AREAS OF THE IGBO WEB SITE .
 - I WOULD LIKE TO JOIN THE YAHOO IGBO E-INFO SPORTS GROUP TO RECEIVE EVENT NEWS AND UPDATES VIA EMAIL.

4. **LEAGUE VICE-PRESIDENT**
FIRST NAME _____ M/I _____ LAST NAME _____ JR./SR./III _____ M/F _____
ADDRESS: _____ PHONE: _____
CITY: _____ ST/PROV. _____ POSTAL CODE _____ E-MAIL _____
- I DO NOT WISH TO HAVE MY NAME AND E-MAIL ADDRESS LISTED IN THE PUBLIC ACCESS AREAS OF THE IGBO WEB SITE .
 - I WOULD LIKE TO JOIN THE YAHOO IGBO E-INFO SPORTS GROUP TO RECEIVE EVENT NEWS AND UPDATES VIA EMAIL.

5. **LEAGUE SECRETARY** (SIGNATURE REQUIRED ON BACK)
FIRST NAME _____ M/I _____ LAST NAME _____ JR./SR./III _____ M/F _____
ADDRESS: _____ PHONE: _____
CITY: _____ ST/PROV. _____ POSTAL CODE _____ E-MAIL _____
- I DO NOT WISH TO HAVE MY NAME AND E-MAIL ADDRESS LISTED IN THE PUBLIC ACCESS AREAS OF THE IGBO WEB SITE .
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6. **LEAGUE TREASURER** (IS POSITION HELD BY SECRETARY/TREASURER? Y/N _____)
FIRST NAME _____ M/I _____ LAST NAME _____ JR./SR./III _____ M/F _____
ADDRESS: _____ PHONE: _____
CITY: _____ ST/PROV. _____ POSTAL CODE _____ E-MAIL _____
- I DO NOT WISH TO HAVE MY NAME AND E-MAIL ADDRESS LISTED IN THE PUBLIC ACCESS AREAS OF THE IGBO WEB SITE .
 - I WOULD LIKE TO JOIN THE YAHOO IGBO E-INFO SPORTS GROUP TO RECEIVE EVENT NEWS AND UPDATES VIA EMAIL.

7. **IGBO REPRESENTATIVE** (SIGNATURE REQUIRED ON BACK) **THIS IS A MANDATORY POSITION**
FIRST NAME _____ M/I _____ LAST NAME _____ JR./SR./III _____ M/F _____
ADDRESS: _____ PHONE: _____
CITY: _____ ST/PROV. _____ POSTAL CODE _____ E-MAIL _____
- I DO NOT WISH TO HAVE MY NAME AND E-MAIL ADDRESS LISTED IN THE PUBLIC ACCESS AREAS OF THE IGBO WEB SITE .
 - I WOULD LIKE TO JOIN THE YAHOO IGBO E-INFO SPORTS GROUP TO RECEIVE EVENT NEWS AND UPDATES VIA EMAIL.

8. **IGBO ALTERNATE REPRESENTATIVE** (SIGNATURE REQUIRED ON BACK) **THIS IS A MANDATORY POSITION**

FIRST NAME _____ M/I _____ LAST NAME _____ JR./SR./III _____ M/F _____

ADDRESS: _____ PHONE: _____

CITY: _____ ST/PROV. _____ POSTAL CODE _____ E-MAIL _____

- I DO NOT WISH TO HAVE MY NAME AND E-MAIL ADDRESS LISTED IN THE PUBLIC ACCESS AREAS OF THE IGBO WEB SITE .
- I WOULD LIKE TO JOIN THE YAHOO IGBO E-INFO SPORTS GROUP TO RECEIVE EVENT NEWS AND UPDATES VIA EMAIL.

9. CHARITY DONATION QUESTIONNAIRE

IF YOUR LEAGUE HAS MADE CHARITY DONATIONS IN THE PAST 12 MONTHS PLEASE INDICATE HOW MUCH AND TO WHICH CATEGORY. THIS INFORMATION WILL BE COLLATED BY THE IGBO MARKETING COMMITTEE TO ASSIST IN GAINING IGBO CORPORATE SPONSORSHIP.

A. LIST OF CATEGORIES CIRCLE ONE: CANCER, BREAST CANCER, HIV/AIDS ADULT, HIV/AIDS PEDIATRIC, SUBSTANCE ABUSE (ETOH, DRUGS, ETC), GLBT, ALZHEIMER'S, OR OTHER.

A. CHARITY: _____ AMOUNT: \$ _____

B. LIST OF CATEGORIES CIRCLE ONE: CANCER, BREAST CANCER, HIV/AIDS ADULT, HIV/AIDS PEDIATRIC, SUBSTANCE ABUSE (ETOH, DRUGS, ETC), GLBT, ALZHEIMER'S, OR OTHER.

B. CHARITY: _____ AMOUNT: \$ _____

C. LIST OF CATEGORIES CIRCLE ONE: CANCER, BREAST CANCER, HIV/AIDS ADULT, HIV/AIDS PEDIATRIC, SUBSTANCE ABUSE (ETOH, DRUGS, ETC), GLBT, ALZHEIMER'S, OR OTHER.

C. CHARITY: _____ AMOUNT: \$ _____

10. VOTER AUTHORIZATION FORM: TO BE REPRESENTED AT MEMBERSHIP MEETINGS, EACH LEAGUE MUST HAVE A VALID VOTER AUTHORIZATION FORM ON FILE WITH THE IGBO SECRETARY. PLEASE READ THE PARAGRAPH BELOW AND SIGN WHERE INDICATED.

I, THE UNDERSIGNED LEAGUE PRESIDENT OR SECRETARY, DO HEREBY GRANT VOTER AUTHORIZATION FOR OUR LEAGUE TO THE PERSON DESIGNATED BELOW AS THE LEAGUE REPRESENTATIVE. THE LEAGUE REPRESENTATIVE IS AUTHORIZED TO EXERCISE OUR VOTE (S) ON ANY ISSUE PRESENTED BEFORE THE MEMBERSHIP AND TO COLLECT ANY AND ALL INFORMATION ON BEHALF OF OUR LEAGUE DISTRIBUTED AT THE MEETING. IN THE EVENT THAT THE LEAGUE REPRESENTATIVE IS UNABLE TO REPRESENT THE LEAGUE, THEN THE ALTERNATE REPRESENTATIVE MAY ACT ON OUR LEAGUE'S BEHALF.

<u>PRINTED NAMES</u>	<u>SIGNATURES</u>	<u>DATE</u>
_____ LEAGUE REPRESENTATIVE	_____ LEAGUE REPRESENTATIVE	_____ MM/DD/YY
_____ LEAGUE ALTERNATE	_____ LEAGUE ALTERNATE	_____ MM/DD/YY
_____ LEAGUE PRESIDENT OR SECRETARY	_____ LEAGUE PRESIDENT OR SECRETARY	_____ MM/DD/YY

11. LEAGUE DUES: TO THE LEAGUE TREASURER, LEAGUE DUES ARE BASED ON LEAGUE SIZE. USE THE CHART BELOW TO DETERMINE YOUR LEAGUE'S DUES FOR THE CURRENT BOWLING SEASON. PAYMENT MUST BE INCLUDED WITH YOUR RENEWAL FORM. PLEASE REFER TO "PAYMENT" SECTION TO DETERMINE METHOD OF PAYMENT, AND TOTAL AMOUNT.

LEAGUE PLAYING STRENGTH	DUES	101 to 150 bowlers	\$125 US
25 bowlers or less	\$50 US	151 to 200 bowlers	\$150 US
26 to 50 bowlers	\$75 US	210 to 250 bowlers	\$175 US
51 to 100 bowlers	\$100 US	251 or more bowlers	\$200 US

12. PAYMENTS MUST ACCOMPANY THIS FORM. PLEASE MAKE CHECKS PAYABLE TO "IGBO".

CHECK # _____ AMOUNT \$ _____

13. FOR FURTHER INFORMATION ON THIS FORM, PLEASE CONTACT YOUR REGIONAL DIRECTOR FOR ASSISTANCE.

PLEASE RETAIN A COPY FOR YOUR FILES.

Mail this renewal form and dues to: