



CHARTER APPLICATION FOR MERGING ASSOCIATIONS

Association Name: _____ USBC

Association Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

All assets must be turned over to the merged association prior to the charter date.

Charter date: _____ **Adult dues:** \$ _____ **State or Local**

Required Documents to be submitted: (* Does not apply to Affiliate associations.)

- ◆ USBC Charter Application to Merge.
- ◆ *Copy of the Articles of Merger.
- ◆ *Merged Association Bylaws.
- ◆ Federal Group Exemption Request Form. **DO NOT APPLY FOR A NEW EIN.**
- ◆ Electronic Transfer of Funds Authorization Form.
- ◆ Association Merger Agreement

The following officers hereby make application to the United States Bowling Congress for charter:

Association Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

President: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

Vice President: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

Director: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

Director: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

(If additional space is needed, please attach a separate sheet of paper.)

The charter membership of this association is comprised of the following former USBC non-merged association(s):

	Association Name	Assn. #	State	Organization (Circle One)
1.	_____	_____	_____	BA WBA Youth
2.	_____	_____	_____	BA WBA Youth
3.	_____	_____	_____	BA WBA Youth
4.	_____	_____	_____	BA WBA Youth
5.	_____	_____	_____	BA WBA Youth

(If additional space is needed, please attach a separate sheet of paper.)

Describe the geographic area in the United States where the proposed USBC merged association will be serving centers. Please use county lines, city boundaries, state roads, rivers, etc. To assist, attach a map of the area with the boundaries outlined.

List the bowling center(s), and the certification numbers, of the centers to be served by the association.

Center Name(s):	City	State	Certification Number
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Conditions of the Charter:

To become an association and remain affiliated with USBC under this Charter, the state/local association must:

- ◆ Comply with the applicable bylaws and policies of the USBC.

Failure on the part of the Association to comply with these conditions could result in the delay, denial or withdrawal of the association's charter.