

IOWA STATE USBC WOMEN'S BOWLING ASSOCIATION, INC.

DECEASED MEMBER REPORT

NAME OF ASSOCIATION _____

NAME OF DECEASED _____

DATE OF DEATH _____

You may type a list of deaths on a sheet of paper in date of death order.

Reported by: _____

Title: _____

SUBMIT TO STATE OFFICE BY FEBRUARY 15TH.

<p><u>For office use only</u></p> <p>Listed in the _____ Annual Report</p> <p>Listed in the _____ Memorial Service</p>
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Rev: 01/07 (lavender)

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