Master Bowlers' Association of Alberta

Box 577, Bragg Creek, AB T0L 0K0 Phone/Fax: (403) 949 - 2706 mbaofalberta@gmail.com

SEASON: 2026 -27

Membership Type: ___ Renewal ___ NEW Coach ___ Lifetime Member

Division: ___ Teaching POA ___ *Senior POA or* ___ *Senior Scratch* ___ Tournament Scratch ___ Non-Participating

Competition Zone:

___ **Zone 1** Edson and area ___ **Zone 2** Lloydminster west to Vegreville and north, Lac la Biche, St. Paul
___ **Zone 3** Grande Prairie and area ___ **Zone 4** Edmonton and area ___ **Zone 5** Leduc south to Carstairs
___ **Zone 6** Calgary and area ___ **Zone 7** Medicine Hat area ___ **Zone 8** Lethbridge area

NAME: _____
Please Print *(Surname)* *(First Name)*

Participating Gender: **M or F** Highest Average Last Season: _____ Bowling Center _____

MBAofA Card # _____ NCCP Locker # _____

ADDRESS: _____ *PHONE: (_____)* _____

CITY: _____ POSTAL CODE: _____

E-Mail Address: _____

Number of years qualified to compete at Nationals: _____

Notes and Requirements:

1. All members competing in tournaments must be a member in good standing with the A5PBA & the MBAofA and purchase an A5 card
2. All members must be recommended/sponsored by a: MBAofA board member or MBAofA clinic facilitator or proprietor/center mgr. each season
3. New members must complete a NCCP CSI 5-pin bowling clinic including "Safe Sport", "Making Headway and "Rule of Two" modules.
4. Members must sign the "Universal Code of Conduct"
5. Members must: be a min. 19 yrs. by Dec. 31,
6. Members must abide by the MBAofA Standing Rules & Policies including the dress code.
7. To qualify for YBC reduced fees new members must be 19-21 and currently in or be a former YBC member.
8. Rookie Tournament Rate. New members aged 22 and over who have never been an MBA member in Canada will be charged the same tournament rate as the 21 and under aged members during their first season of tournaments.

Annual MBA membership. Must be 19 yrs. old by Dec 31. ($35) Lifetime Member ($0) $ _____

Annual tournament participation fee. Choose one – **teaching & seniors $20 or tournament $40**) $ _____

Late fee for membership renewals paid after September 15 ($20) $ _____

Fees due $ _____ **Total**

Bowling Centre or Clinic Number: _____

Sponsored By: _____ *Sponsor Signature:* _____
(MBA Executive/ Clinic Facilitator or Proprietor)

Bowler's Name: _____ *Bowler's Signature:* _____

Upon signing the Master Bowlers' Association of Alberta official form, I agree:

- I will conduct myself in a respectful manner befitting a Master Bowler, whether in a Master Bowlers' Association tournament, other tournament competition or regular league play
- I will strive to "promote" the sport of 5 pin bowling and the Master Bowlers' Association by my good example.
- That I will not consume alcohol or marijuana during Master Bowlers' Association tournament play or at any time, bowl under excessive influence of alcohol, drugs and/or stimulants as outlined in the rules of the Canadian 5-Pin Bowlers' Association.
- I will not issue a "Non-Sufficient Funds" cheque to cover any obligation to the Master Bowlers' Association.
- That I will observe all rules and policies of the Master Bowlers' Association, including rules about entry deadlines, starting times, uniforms etc.

NOTE: Failure to observe any of the rules or policies may result in reprimand, suspension, and/or expulsion from the Master Bowlers' Association of Alberta or its tournaments as outlined in the Association's bylaws or standing rules and policies. Visit the website https://mbaofa.ca/ for details.

Print Name: _____

Signature: _____ Date: _____

Voluntary Declaration- check all that apply - only if you wish:

This data is collected for the sole purpose of providing evidence the MBAofA is a diverse and inclusive association, if requested by the government of Alberta or Canada

New Canadian_____, Gender_____, Athlete with Disability _____, Indigenous_____

MEDIA RELEASE:

PLEASE CHOOSE ONE OF THE OPTIONS BELOW

I GRANT PERMISSION to any of the affiliated Local, Provincial & National Bowling Associations, the revocable right to collect, use and disclose, at their discretion, any information about me and my participation in any event (not limited to information contained in this registration package) for publicity, advertising or other promotion of any event or for the purpose of acknowledging or publicizing my achievement at any event. I understand that this may include written, pictorial or video materials.

Print Name: _____

Signature: _____Date: _____

OR

I REVOKE MY PERMISSION to any of the affiliated Local, Provincial & National Bowling Associations, to collect, use and disclose any information about me for publicity, advertising, or other promotion of any event or for the purpose of acknowledging my achievement at any event. I understand that this may include written, pictorial, or video materials.

Print Name: _____

Signature: _____Date: _____