

**ILLINOIS USBC WBA
DECEASED MEMBERS FORM**

THIS FORM IS BEING FURNISHED TO YOU AS A CONVENIENCE IN REPORTING THE NAMES OF THE DECEASED MEMBERS FROM YOUR ASSOCIATION.

IF YOU WISH YOUR DECEASED MEMBERS TO BE INCLUDED ON THE MEMORIAL LIST FOR THE 2010 ANNUAL MEETING, THEN PLEASE FURNISH THE NECESSARY INFORMATION. THIS INFORMATION MUST BE RECEIVED BY **JANUARY 15, 2010** TO BE PRINTED ON THE MEMORIAL LISTING.

NAME OF DECEASED MEMBER

DATE OF DEATH

ASSOCIATION NAME: _____

SIGNATURE: _____
(LOCAL ASSOCIATION MANAGER)

RETURN FORM TO: ILLINOIS STATE USBC WBA
EARLENE M. NELSON, ASSOCIATION MANAGER
1224 TOWANDA AVENUE, UNIT 22
BLOOMINGTON, IL 61701