

ILLINOIS STATE USBC
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 2019 ANNUAL MEETING, THEN PLEASE FURNISH THE NECESSARY INFORMATION. THIS INFORMATION MUST BE RECEIVED BY JANUARY 31, 2019 TO BE PRINTED ON THE MEMORIAL LIST.

NAME OF DECEASED MEMBER

DATE OF DEATH

ASSOCIATION NAME: _____

SIGNATURE _____

LOCAL ASSOCIATION MANAGER

RETURN FORM TO: ILLINOIS STATE USBC
EARLENE M. NELSON, ASSOCIATION MANAGER
402 W. HAMILTON ROAD
BLOOMINGTON, ILLINOIS 61704