Membership Application

Location: _____

Recruiter: _____

Day of the Week:_____

Team Name:_____

PLEASE PRINT CLEARLY

First Name **Last Name** **Suffix**

Address

City **State** **Zip Code**

Home Phone: (Include Area Code) **Work Phone: (Include Area Code)**

( ) - ( ) -

Email Address:

Have You Ever Been a Member of the Association for P.O.O.l., Inc.? YES NO (PLEASE CIRCLE ONE)

Are You Interested in League Apparel? YES NO Shirt Size: (CIRCLE ONE) S M L XL XXL

Do You Own Your Own Cue ? YES NO What Brands

Check Desired League Format:

MIXED TEAM 8-BALL	MIXED TEAM 9-BALL	TOURNAMENTS
Bar Box ❑ Nine Foot ❑	Bar Box ❑ Nine Foot ❑	❑

TERMS: All applicants must agree to abide by the rules and regulations of The Association for P.O.O.L., Inc. and the league in which they participate. All Association members must exhibit courtesy and sportsmanlike conduct during all of their Association and league activities.

BENEFITS: The Association for P.O.O.L., Inc. provides their members with score sheets, team statistics, individual statistics, and rosters of the teams in their division. The Association will also provide the opportunity for divisional playoffs, "Titleholders" trophies, and cash prizes. As an Association member you may be entitled to discounts from local area businesses and billiard establishments. Discounts and prizes are subject to change and may vary across the United States.

Annual Membership Is $20.00 Expires One Year From Date.

Amount Paid:_____ **Check ❑** **Cash ❑**

I acknowledge that I have read and understand the above, and agree to abide by the terms and conditions contained herein.

Signature:_____ **Date:**_____