

Membership Application

Please **Print** All Information Clearly and Be Sure to **Sign** This Application.

Member Number

Division/Team #

Legal First Name (Required - No Nickname)

MI

Last Name

Nickname (will print on weekly scoresheet instead of first name)

Mailing Address

City

State

Zip Code

Birth Date

Home Phone

Cell Phone

Month Day Year

Email Address

Place of Employment

Work Phone

Work Extension

Primary Phone

Home Cell Work

Male

M

Female

F

Married

M

Single

S

Divorced

D

Widowed

W

Occupation: (Check One)

Construction

Managerial

Manufacturing

Military

Professional

Retired

Sales

Student

Technical or Clerical

Transportation

Other _____

Have you ever participated in an APA sanctioned League? (Camel, Bud Light, American or Busch Pool League.) Yes No

If yes, where? _____ when? _____ Skill Level _____

Do you have a friend who would be interested in APA? Name _____ Phone _____

By becoming an APA member, I agree that all information provided above is true and correct, and agree to the TERMS AND CONDITIONS OF APA MEMBERSHIP (located at poolplayers.com/terms).

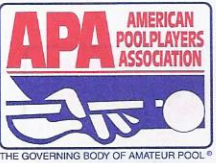
I further agree to abide by APA rules governing participation in APA Leagues, Tournaments and other activities and events.

Signature _____

Date _____

Submit with Annual Membership fee of \$25 (Plus Sales Tax, If Applicable) to your Authorized APA League Operator! [League Operator: Forward application and fee (plus sales tax, if applicable) to APA within 5 days of receipt.] Fees are non-refundable. American Poolplayers Association, Inc. • 1000 Lake Saint Louis Blvd. • Suite 325 • Lake Saint Louis, Missouri 63367 • poolplayers.com

(01/14)



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