

FOR COPROPRATE USE ONLY:                      Date \_\_\_\_\_ ID# \_\_\_\_\_

Membership Application      Licensee ID# 126



Location: \_\_\_\_\_

Recruiter: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

Team Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

First Name	Last Name	Suffix

Address

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City	State	Zip Code

Home Phone: (Include Area Code)	Cell Phone: (Include Area Code)
(    )    -	(    )    -

Email Address:

Have you ever been a member of TAP?      YES    NO (CIRCLE ONE)

Have you even been a member of another handicap league? YES    NO

If Yes, provide last known handicap level: \_\_\_\_\_

**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 by the terms and conditions contained herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_