MEMBERSHIP APPLICATION

MEMBER ID#

AMATEUR POOL LEAGUE, INC
PO Box 603 Downingtown, PA 19335
Office: 610-269-8302 Fax: 610-269-5608

PLEASE PRINT CLEARLY FULL NAME: FIRST NAME/ LAST NAME

MAILING ADDRESS:

CITY: **STATE:** **ZIP CODE:**

HOME PHONE: (INCLUDE AREA CODE) CELL PHONE: (INCLUDE AREA CODE)

( ) - ( ) -

WORK PHONE: E-MAIL ADDRESS

( ) -

Date Of Birth: _____ Team Location: Team ID #

ANNUAL MEMBERSHIP IS $20.00 AMOUNT PAID:_____CHECK____CASH____

SIGNATURE:_____DATE:_____

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