



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

MEMBER ID#

PLEASE PRINT CLEARLY FULL NAME: FIRST NAME/ LAST NAME

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MAILING ADDRESS:

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CITY: STATE: ZIP CODE:

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

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WORK PHONE: E-MAIL ADDRESS

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Date Of Birth: \_\_\_\_\_ Team Location:  Team ID #

ANNUAL MEMBERSHIP IS \$20.00 AMOUNT PAID: \_\_\_\_\_ CHECK \_\_\_ CASH \_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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WORK PHONE: E-MAIL ADDRESS

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