

NEW RENEWAL ID# _____

Membership Application Licensee ID# _____



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)
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Email Address:																								

Have you ever been a member of TAP? YES NO (Please CIRCLE ONE)
 Have you ever been a member of another handicap league? YES NO _____ Handicap
 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 Bar Box <input type="checkbox"/> Nine Foot <input type="checkbox"/>	MIXED TEAM 9-BALL Bar Box <input type="checkbox"/> Nine Foot <input type="checkbox"/>	Tournaments <input type="checkbox"/> Singles <input type="checkbox"/>
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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: _____