APA	AMERICAN POOLPLAYERS ASSOCIATION
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THE GOVERNING BODY	OF AMATEUR POOL

Membership Application

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

THE GOVERNING BODY OF AMATEUR POOL®				
Legal First Name (Required – No Nickname) MI Last Name	Nickname (will print on v	weekly scores	heet instead of firs	t name)
Mailing Address				_
		Male M	Occupation: (Che	ck One)
City State Zip Code			Manufacturing	□ A
		Female F	Construction	□В
Birth Date Home Phone Alt. Phone			Transportation	C
			Managerial	□ D
Month Day Year Email Address		□ M	Technical or Clerica	Е
		Single S	Professional	ПЕ
Place of Employment				
		Divorced Divorced	Sales	☐ G
Work Phone Work Extension Division/Team #		-	Other	_ H
		Widowed	Military	رات
Have you ever participated in an APA sanctioned League? (Camel, Bud Light, American or Busch Pool League.)	□ Yes □ No			
	Skill Level			
Line ADA Landaria to additional and ADA Landaria to and other portivities. Were much be 19 years of any ADA ADA membership is not transferred	le to another person. We may have snor	asors or other self	ect companies who war	it to send you

l agree to abide by APA rules relating to participation in APA Leagues, Tournaments and other activities. (You must be 18 years of age.) An APA membership is not transferable to another person. We may have sponsors or other select companies who want to send you offers based on the information you provide on your membership application. If you do not want to receive these offers, log onto poolplayers.com and opt-out through our Privacy Policy.

Signature _____ Date ____