

NEW _____

RENEWAL _____

ID# _____

MEMBERSHIP APPLICATION LICENSEE ID# 476



Location: _____

Team Name: _____

PLEASE PRINT CLEARLY

First Name Last Name Suffix

Address

City State Zip Code

Home Phone Cell Phone

Email Address

Have you ever been a member of TAP? If Yes Handicap _____ YES or NO (Please Circle One)

Have you ever been a member of another handicap league? YES of NO _____ Handicap

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.

Cash _____ or Check _____

I acknowledge that I have read and understand the above, and agree by the terms and conditions contained herein.

Signature: _____ Date: _____

CSRA TAP