



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

MEMBER ID#

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PLEASE PRINT CLEARLY:

To ensure your player's eligibility for membership, and to play in any APL league or tournament for which you qualified, please complete this form. Please type or print name clearly as it appears on the I.D. Date of Birth: Include the month, day and year.

Legal First Name										Last Name									

Nickname (if applicable)																			

Mailing Address:																			

City:										State:					Zip Code:				

Home Phone:										Cell Phone									

Work Phone										Alternate phone number									

Email address:																			

Date of Birth:																			
Month				Day				Year				Team Location (name of bar/tavern/club						Team 4 digit ID#	

We need the member's name as it appears on their driver's license or other legal ID for sanctioning purposes.

We do our best to ensure we only have one membership per person in our system. It is relatively easy to avoid duplications when we have legal names, and next to impossible if we get nicknames and no other info. If we have multiple files for a player in our system, it becomes unnecessarily difficult to provide membership services – prize money checks, trophies, etc.

I agree to follow the rules set forth by the Amateur Pool League, Inc. (APL) when participating in APL leagues, tournaments and any other activities sponsored by the APL.

SIGNATURE: _____ **DATE:** _____

ANNUAL MEMBERSHIP IS \$20.00 AMOUNT PAID: _____ **CHECK** ___ **CASH** ___