

MEMBERSHIP APPLICATION

AMATEUR POOL LEAGUE, INC

PO Box 730 Downingtown, PA 19335 Office: 610-269-8302 Fax: 877-276-5075

MEMBER ID#	

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.

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