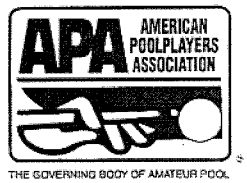
JUNIOR MEMBERSHIP APPLICATION

MEMBER NUMBER



PLEASE **PRINT** ALL INFORMATION CLEARLY AND BE SURE TO SIGN THIS APPLICATION

First Name Middle Initial Last Name

Mailing Address

Birth Date
Month Day Year

City State Zip Code

Telephone ( ) - Division/Team #

Check One ☐ M Male ☐ F Female

E-Mail Address

? Have you ever been in an APA Sanctioned League? ☐ Yes ☐ No

? If yes, where? _____ When? _____ Skill Level _____

Membership in The American Poolplayers Association Entitles You To:

1. Official membership card.
2. Qualification for APA Junior League play wherever an organized Junior APA League is active.
3. Play in any APA sanctioned Junior League or League Tournament for which you qualify.
4. Receive trophies and other awards for which you qualify.
5. Participate in other special events for APA Junior members.

I agree to abide by APA rules relating to participation in APA Leagues, Tournaments and other activities.
An APA membership is not transferable to another person.

Signature_____ Date _____

SUBMIT WITH ANNUAL MEMBERSHIP FEE OF $10 (PLUS SALES TAX, IF APPLICABLE) TO YOUR AUTHORIZED APA LEAGUE OPERATOR! [League Operator: Forward application and fee (plus sales tax, if applicable) to APA within 5 days of receipt.]

AMERICAN POOLPLAYERS ASSOCIATION, INC • 1000 LAKE SAINT LOUIS BLVD • SUITE 325 • LAKE SAINT LOUIS, MISSOURI 63367

07/2005