



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

**MEMBER ID#**

**PLEASE PRINT CLEARLY FULL NAME:**

**FIRST NAME/ LAST NAME**

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**MAILING ADDRESS:**

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**CITY:**

**STATE:**

**ZIP CODE:**

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**HOME PHONE: ( INCLUDE AREA CODE) CELL PHONE: (INCLUDE AREA CODE)**

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**WORK PHONE:**

**E-MAIL ADDRESS**

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**Date Of Birth:** \_\_\_\_\_

**Team Location:**

**Team ID #**

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

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**



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