



Parent/Guardian Signature\_

## **Junior Membership Application**

Please **Print** All Information Clearly and Be Sure to **Sign** This Application.

Member Number	

				Division/Team #
Legal First Name	(Required – No Nickname)	MI Last Na	ne	Nickname (will print on weekly scoresheet instead of first name)
Mailing Address				
				Male Male
City			State/Province Zip Code/Po	stal Code
			-	Female F
Birth Date	Hon	ne Phone	Cell Phone	
	Year	•	,	
Email Address				
Javo vou over partie	cipated in an APA/CPA s	anationed Leagues	□ Yes □ No	
				Skill Level
			PA? Name	
	iember, I agree my child's informa i in APA/CPA Leagues, Tournamer			A MEMBERSHIP (located at <b>poolplayers.com/terms</b> ). I further agree my child will abide by APA/CF

Submit with Annual Membership fee of \$10 (Plus Sales Tax, If Applicable) to your Authorized APA/CPA League Operator! [League Operator: Forward application and fee (plus sales tax, if applicable) to APA within 5 days of receipt.] Fees are non-refundable. American Poolplayers Association, Inc. • 1000 Lake Saint Louis Blvd. • Suite 325 • Lake Saint Louis, Missouri 63367 • poolplayers.com

## **Please Read!**





## **APA/CPA Membership Entitles You To:**

- 1. Official membership card.
- 2. Qualification for APA/CPA Junior League play wherever an organized Junior APA/CPA League is active.
- 3. Play in any APA/CPA sanctioned 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/CPA Junior members.