



# Independent Billiards League

## Membership Application

**\*PLEASE PRINT CLEARLY\***

Team Name:

Location:

First Name

Last Name

Suffix

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

D.O.B.

Have you played league pool before?

YES

NO

If yes, what is your last known handicap?

Date last played:

League Name:

Annual Membership Fee is \$15.00. Membership is for one calendar year from the date paid.

Amount Paid: \$

Cash/Check

Send all PAYPAL payments to [cpritt@ymail.com](mailto:cpritt@ymail.com)



**TERMS:** All applicants agree to abide by the current IBL rules and regulations. All member must demonstrate proper sportsmanship at ALL times.

Signature

Date