

AIR CAPITAL POOL LEAGUE
MEMBERSHIP FORM

Date: _____

Name: _____ [] Male [] Female
Please Print Clearly

Mailing Address: _____
Street

City State Zip Code

Telephone Numbers: Home: _____ Cell: _____ Email: _____

Club Name: _____ Night _____

Each NEW league player is to complete this form...Returning Air-Cap members only need to fill out revisions (if any) to their last completed form.
Actual membership fees are included in your (\$7) weekly dues.

Put this completed form in your pay envelope.

This information is used internally by Air Capital League. It is not distributed or sold.

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