



## MEMBERSHIP FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**What Cue Do you play with:** \_\_\_\_\_

**How long have you been playing pool:** \_\_\_\_\_

**2009 Membership Fee - \$50.00**

**Mail checks to: WCWRT  
c/o Marilyn Boucher  
6005 Shellmound Street  
Emeryville, CA 94608**