



## MEMBERSHIP FORM

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

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

\_\_\_\_\_

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

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

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

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

**2010 Membership Fee - \$25.00**

**Optional WPBA Membership Fee - \$25.00**

**Mail checks to: WCWRT c/o The Broken Rack**

**6005 Shellmound Street**

**Suite 160**

**Emeryville, CA 94608**