

NATIONAL POLE BENDING ASSOCIATION

2250 LA PANZA RD, CRESTON CA 93432 (805) 238 9958

WWW.POLEBENDING.ORG

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____

EMAIL _____

My signature below is evidence of my agreement to abide by and be bound by the rules and regulations of NPBA.

SIGNATURE: _____ DATE: _____

MEMBERSHIP FEES:

Adult membership: \$40

Youth membership \$25

(18 and under as of January 1, 2010)

NEW: Membership will now be for a twelve month period and will be effective the first day of the month the membership application is received in the NPBA offices (for example, if membership is received on February 8, 2010, membership expires on January 31, 2011). All exhibitors at NPBA sponsored events must be NPBA members.

Please return form and check for membership fee to the address set forth above.

OFFICE USE ONLY:

Received by: _____ Date: _____