



Revised 11/23/2019

NATIONAL POLE BENDING ASSOCIATION

1718HWY 609, FALMOUTH, MA 01940

COORDINATOR_NPBA@GMAIL.COM

www.polebending.org

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Office Use Only

Check No. _____

Cash _____

M/List Post _____

Card Sent _____

NPBA Membership Number

Check One _____ Check One _____

NPBA New Member _____ NPBA Renewal Member _____ NPBA Adult Member _____ NPBA Youth Member _____

NAME: _____ Youth Age _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

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

Please post my NPBA points in the state of _____,

SIGNATURE: _____ DATE: _____

(If Youth parent or guardian signature) Membership expires one year from above date

MEMBERSHIP FEES

ADULT: \$40 YOUTH*\$25 FAMILY\$85**

*Youth is 18 and under as of Jan 1 of current year **parent(s)/children 18 & under in same household

List names (other than above) with their email address, age and date of birth for youth for family membership:

NAME	NPBA Membership #	(CIRCLE ONE)	(CIRCLE ONE)	If Youth Age	Youth Date of Birth
1. _____	_____	NEW OR RENEWAL	ADULT OR YOUTH	_____	_____
2. _____	_____	NEW OR RENEWAL	ADULT OR YOUTH	_____	_____
3. _____	_____	NEW OR RENEWAL	ADULT OR YOUTH	_____	_____
4. _____	_____	NEW OR RENEWAL	ADULT OR YOUTH	_____	_____

Please return forms and checks for membership fee to the address above, your state director or the show se