



Revised 1/6/2021

NATIONAL POLE BENDING ASSOCIATION

1718HWY 609, FALMOUTH, KY 41040

COORDINATOR.NPBA@GMAIL.COM

www.polebending.org

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

PLEASE FILL IN ALL LINES

Office Use Only

Check No. _____

Cash _____

M/List Post _____

Card Sent _____

NPBA Membership
Number

Check One (new or renewal)

Check One (adult or youth)

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

NAME: _____ IF Youth Age and DOB _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

Please post my NPBA points in the state of _____,

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

SIGNATURE: _____
(If Youth parent or guardian signature)

DATE: _____
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 and DOB
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 secretary.