



AUCKLAND CONFEDERATION OF BILLIARDS SPORTS Inc.
CONTACT DETAILS

Physical Address: 713 Mt Albert Road, Royal Oak, Auckland
Postal Address: PO Box 24 188, Royal Oak, Auckland
Please do not send mail to the physical address.
Clubrooms ph: 09 624 3568 Office ph/fax: 09 625 3897
Email: admin@acbs.org.nz Website: www.acbs.org.nz

ACBS Application for Membership

FULL MEMBERSHIP BENEFITS

- Joint membership to the Auckland Pool Association and the Auckland Billiards & Snooker Association
- Entry forms for all tournaments
- Eligible to receive the ACBS full colour monthly newsletter
- Two hours FREE table hire per specified night at APA & ABSA support venues for both Snooker and Pool
- FREE participation in coaching for Snooker and Pool
- Travel subsidies for ranking events after participation in qualifying events
- Discounted table hire at the ACBS clubrooms

RESTRICTED MEMBERSHIP BENEFITS

- Discounted table hire at the ACBS clubrooms
- Entry forms for all tournaments
- Monthly "ACBS Clipboard" - a single page black and white newsletter
- FREE participation in coaching for Snooker and Pool
- **NO** travel payable unless a Full Membership is paid

SOCIAL MEMEBERSHIP

- Admission to ACBS clubrooms
- **NO** further benefits

Please submit my application at the next scheduled ACBS Meeting for approval

Please print clearly and check all details are correct

Surname: _____ First Name: _____ Male/Female _____

Home Ph: _____ Mobile Ph: _____ Age/D.o.B: _____

Street Address: _____

Suburb: _____ Area Code: _____

Email: _____

ACBS Full Membership _____ \$20.00

Tick if you do not wish to receive the full colour monthly ACBS Newsletter?

ACBS Restricted Membership _____ \$10.00

ACBS Social Membership _____ \$2.00

Has your membership ever previously been declined, suspended or revoked from any Snooker or Pool Association? **Yes/No**

If YES: Name of Club: _____ Details: _____

I hereby agree to abide by the rules of the Associations and certify that the above information is correct.

I acknowledge that if I have given false information it will result in automatic cancellation of membership.

SIGNED: _____ WITNESS: _____ DATE: _____

