

**Billiard & Bowling  
Institute of America**

**BILLIARD & BOWLING INSTITUTE OF AMERICA**

P.O. Box 6573  
Arlington, TX 76005-6573  
817-649-5105 Fax: 817-385-8268  
E-Mail: ginny@bpaa.com

*The Association of Leading Distributors and Manufacturers  
of Billiard & Bowling Equipment and Services.*

**2013 APPLICATION FOR MEMBERSHIP  
(PLEASE TYPE OR PRINT)**

Date: _____	<input type="checkbox"/> Bowling Manufacturer	\$650
Name/Title: _____	<input type="checkbox"/> Bowling Distributor	\$450
Firm: _____	<input type="checkbox"/> Billiard Manufacturer	\$650
Address: _____	<input type="checkbox"/> Billiard Distributor	\$425
City: _____ State/Zip: _____	<input type="checkbox"/> Billiard Retailer	\$325
Phone: _____ Fax: _____	<input type="checkbox"/> Associate	\$500
e-mail Address: _____ Website: _____		

**Please answer the following questions as they apply to your operation:**

1. Who influenced your decision to apply for membership in the BBIA?

\_\_\_\_\_ Contact name \_\_\_\_\_ Company name

2. Legal structure (please check the proper category):

Proprietorship                       Partnership                       Corporation

3. Date business established: \_\_\_\_\_

4. How long have you been manufacturing or distributing billiard and/or bowling equipment?  
\_\_\_\_\_

5. How many full-time employees do you have? \_\_\_\_\_ Part-time employees? \_\_\_\_\_

6. Type of billiard and/or bowling equipment manufactured and its percentage of total sales volume,  
i.e., Bowling Balls (25%), Cue Sticks (32%).  
\_\_\_\_\_  
\_\_\_\_\_

7. Type of billiard and/or bowling equipment purchased for resale and its percentage of total sales volume,  
i.e., Bowling Balls (25%), Cue Sticks (32%).  
\_\_\_\_\_  
\_\_\_\_\_

8. Territorial area in which your firm operates: \_\_\_\_\_

9. Do you have a salesroom? (Include amount of square footage.) \_\_\_\_\_

Manufacturing space? \_\_\_\_\_ Warehouse? \_\_\_\_\_

What is your primary channel of distribution? \_\_\_\_\_

Do you publish a catalog? \_\_\_\_\_ (If yes, please submit copy of same.)

10. Please list below, the name of your local bank and four trade references.

Name of Bank: \_\_\_\_\_

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

Name of Trade Reference Personal Contact/Phone Number :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you sell any equipment other than billiard and bowling supplies? If yes, list others:

\_\_\_\_\_

12. Do you service and repair billiard tables? \_\_\_\_\_ Do you refinish/resurface bowling lanes? \_\_\_\_\_

13. Do you operate bowling lanes? \_\_\_\_\_ Billiard rooms? \_\_\_\_\_

14. Do you operate or have a financial interest in bowling lanes or billiard rooms, individually or chain operated?

YES  NO If yes, please state which: \_\_\_\_\_

15. If there is a financial interest in a bowling or billiard chain or group, does this chain or group represent the majority of the sales volume of the applicant?  YES  NO

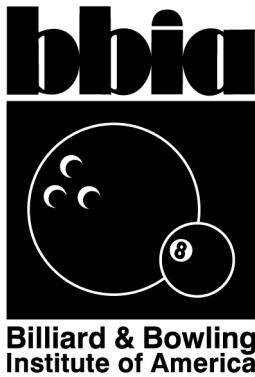
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The undersigned applies for membership in the Billiard and Bowling Institute of America (a non-profit trade association) and upon acceptance, the undersigned agrees to comply with the Bylaws of BBIA . We agree that if for any reason our membership is discontinued, we will remove from all copy, advertising, stationery, catalogs, etc., mention of membership in the BBIA, and all emblems, seals, etc., showing membership therein. We also understand that if any statement or answer to any question on this application is found to be incorrect or false, that the BBIA Board of Directors reserves the right to refuse or cancel for cause the membership in the BBIA. According to Federal law membership dues, including association dues, cannot be deducted as a charitable contributions in federal income tax calculations.

\_\_\_\_\_  
Name (Please Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



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Membership into the BBIA does not automatically mean the member is eligible to participate in all projects and programs and that specific guidelines and rules will govern each of these projects and programs. Please sign and date below which indicates you understand and agree with the participation in the BBIA projects and programs.

\_\_\_\_\_  
Name (Please Print or Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Thank you for submitting your Membership Application. To expedite your membership once it has been approved by the BBIA Board of Directors, please submit payment with the application. If, for some reason, your application is not accepted, your payment will be returned immediately.

**MEMBERSHIP PAYMENT**  
(PLEASE TYPE OR PRINT)

**PAYMENT INFORMATION:**

**Please check one:**

Enclosed is my check made payable to **BBIA**. Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Please have check accompany this application; U.S. Dollars only or submit credit card information below)

Credit Card: \_\_\_VISA \_\_\_MasterCard \_\_\_American Express \_\_\_Discover Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_