

**Billiard & Bowling
Institute of America**

BILLIARD & BOWLING INSTITUTE OF AMERICA

621 Six Flags Drive
Arlington, TX 76011
817-385-8441 Fax: 817-633-2940
E-Mail: lori@ibpsia.com

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

2015 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
Email Address: _____ Website: <u>www.</u> _____		

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

16. Were you a BBIA member in 2014? YES NO

17. Has your method of distribution with regard to selling to BBIA member distributors changed in the last Year? YES NO

18. Is your primary distribution channels through BBIA distributors? YES NO

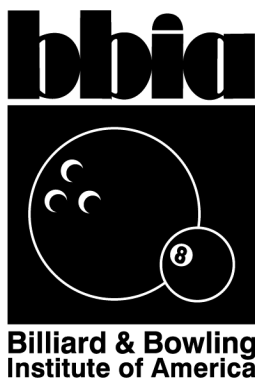


The undersigned applies for membership in the Billiard and Bowling Institute of America (a non-profit trade association) and upon acceptance, the undersigned agrees to comply with the Bylaws of BBIA. We agree that if for any reason our membership is discontinued, we will remove from all copy, advertising, 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



BILLIARD & BOWLING INSTITUTE OF AMERICA

621 Six Flags Drive
Arlington, TX 76011
817-385-8441 Fax: 817-633-2940
E-Mail: lori@bpaa.com

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

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 _____