



PBIA INSTRUCTOR REINSTATEMENT FORM

This application must be completed in full and returned to the Professional Billiard Instructors Association (PBIA), accompanied by the required dues payment.

Please print all information.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email: _____ Web site: _____

Phone Number to be listed on PBIA Web site: _____

You will be reinstated back into the program at the instructor level in which you left the program if you pay for the years in which you were absent from the program. Please check the correct level/fee and then multiply it by the number of years you've been absent from the program:

Recognized - \$35 Certified - \$50 Advanced - \$100 Master - \$200

Method of Payment: Visa MasterCard Check or Money Order

Credit Card Number: Amount: _____

Cardholder's Name (as it appears on the credit card): _____

Cardholder's Signature: _____ Expiration Date: _____ Security Code: _____

Please mail to:
Professional Billiard Instructors Association
C/O Billiard Congress of America
500 Discovery Pkwy, Suite 125
Superior, CO 80027

Please contact Rob Johnson with any questions at 303-243-5070 or rob@pbia-instructor.com