



RECOGNIZED INSTRUCTOR APPLICATION

This application must be completed in full and returned to the Professional Billiard Instructor Association accompanied by a payment of \$100.00 and a Signed Confirmation of Ability form – which will be signed once you complete the three-day instructor training course. Your dues through year-end are included in this fee.

Please print all information.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email: _____ Website: _____

Phone Number to be listed on PBIA website: _____

I certify that I have completed all of the requirements to become a PBIA recognized instructor and that I am 18 years of age or older.

Applicant Signature _____ Date _____

Method of Payment: Visa MasterCard Check or Money Order

Credit Card Number: Amount: **\$100** _____

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

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

Please mail to:
Professional Billiard Instructor Association
C/O Billiard Congress of America
Attn: Rob Johnson
500 Discovery Pkwy, Suite 125
Superior, CO 80027
303-243-5070 or rob@pbia-instructor.com