

JAMAICA BILLIARDS ASSOCIATION

Discipline, Professionalism and Sportsmanship

Membership Form

Member Information

Title (Mr., Mrs., Ms.): _____ Name: _____

Alias (If Any) _____

Date Of Birth: _____ Age: _____ Shirt Size _____

Address: _____

Telephone: Mobile _____
Home _____

Email Address: _____

Home Club _____

Date of Registration _____

1 Year () 2 Year () 3 Year ()

I, the undersigned, agree that I have read and will abide by all the rules and regulations applied to members in the JBA's Constitution & By Laws.

Sign:

JAMAICA BILLIARDS
ASSOCIATION

Please complete the application and return it with payment and a passport size picture to your respective Parish Representative or:

Mr. Dean Blackwood
Secretary/Treasurer
dean@billiardsja.com
Hot Shots Pool Bar
103 Constant Spring Road
Kingston 10