

INDIANAPOLIS DARTERS ASSOCIATION MEMBERSHIP APPLICATION

Please complete this form with your name (as you want it to appear on any awards that you may earn) and complete mailing address. Please keep us informed of any address changes (including e-mail) through the year as you will be getting periodic mailings on upcoming activities. Please print clearly!!!

CHECK HERE IF YOU ARE INTERESTED IN PARTICIPATING IN ADO EVENTS: \_\_\_\_\_

PLEASE CIRCLE THE RATING YOU THINK BEST FITS YOUR SKILL LEVEL:

A B C D

TEAM NAME \_\_\_\_\_

MEMBER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

e-mail address \_\_\_\_\_

Jan-May

June-Aug

Sept-Dec

\$15 \_\_\_\_\_

\$10 \_\_\_\_\_

\$5 \_\_\_\_\_

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