

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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