MEMBERSHIP APPLICATION

American Darters Association, Inc.
PO Box 627
Wentzville, MO 63385
Tel: 636-614-4380 Fax: 636-673-1092

AMERICAN DARTERS ASSOCIATION ®

IMPORTANT! PLEASE READ

Your membership materials will be mailed directly to your home address. If the ADA does not have your correct address, you will not receive your new membership card or other future membership benefits. Neither the ADA nor your ADA Representative will be responsible for making them available at a later time.

ADA MEMBERSHIP FEE: $20 Annually (New first-time Member after Aug. 15th, $10)

PLEASE PRINT ALL INFORMATION CLEARLY AND BE SURE TO SIGN THIS APPLICATION.

Have you ever been an ADA member? ☐ Yes ☐ No
If Yes, Membership # _____ Where? _____

Nick Name

First Name M.I.

Last Name

Street Address

City

State Zip Code

E-mail Address:

TELEPHONE: ___ ___ - ___ Home
___ ___ - ___ ☐ Pgr. ☐ Cell ☐ Work
Area Code

Married ☐ Single ☐ BIRTHDATE: Month Day Year

Male ☐ Female ☐ (Check One)

Occupation: (Check One) (Optional)

(A) ☐ Manufacturing
(B) ☐ Construction
(C) ☐ Transportation
(D) ☐ Managerial
(E) ☐ Technical or Clerical
(F) ☐ Professional
(G) ☐ Sales
(H) ☐ Other _____

I agree to abide by ADA rules relating to participation in ADA Leagues, tournaments and other activities.

_____ _____
SIGNATURE DATE

Visit Us Online at adadarters.com