

**CAPITOL AREA DARTING ASSOCIATION
MEMBERSHIP INFORMATION FORM**

PLEASE PRINT

TEAM NAME: _____ **DIVISION:** _____

Name: _____

Address (Incl. City/ZIP): _____

Home Phone: _____ **Work Ph:** _____ **Cell Ph:** _____

E-mail address: _____

Fee Paid: \$ _____ **Check if paid for year in fall:** _____ **Free Membership:** _____

I am at least 18 years of age and agree to abide by the By-Laws and all the rules of the Capital Area Darting Association.

Signature: _____ **Date:** _____

Name: _____

Address (Incl. City/ZIP): _____

Home Phone: _____ **Work Ph:** _____ **Cell Ph:** _____

E-mail address: _____

Fee Paid: \$ _____ **Check if paid for year in fall:** _____ **Free Membership:** _____

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Signature: _____ **Date:** _____

Name: _____

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I am at least 18 years of age and agree to abide by the By-Laws and all the rules of the Capital Area Darting Association.

Signature: _____ **Date:** _____

Please use another form for additional team members.