

# ARIZONA DARTS LEAGUE

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name: \_\_\_\_\_  
(Last) (First)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*If you are under the age of 21, specify your birth date: \_\_\_\_\_  
(Note: Underage players must have ADL form #UA filled out and on file at the ADL office, or otherwise will not be eligible to participate in any ADL event.)

Old ADL # \_\_\_\_\_ Do you wish to retain your old ADL #? Y N (circle one)

If you share an address with one or more ADL members, please list their names: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Dues: Individual membership dues are a \$20.00 season fee. All memberships are subject to approval by the Board of Directors. Upon approval, a properly executed membership card will be forwarded to you.

Make check or money order payable to **Arizona Darts League** and mail with this completed form to:

**Arizona Darts League**  
**P.O. Box 26335**  
**Phoenix, AZ 85068-6335**

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*DO NOT WRITE BELOW LINE – FOR OFFICE USE ONLY!*

Paid check #: \_\_\_\_\_ Paid cash \$: \_\_\_\_\_ Total Amount Paid \$: \_\_\_\_\_

Season Fee Paid: Spring \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Newsletter \_\_\_\_\_

Date Paid: \_\_\_\_\_ Received by: \_\_\_\_\_ Code #: \_\_\_\_\_