EASTERN ONTARIO DARTS ASSOCIATION

Membership Registration

Zone: _____

Name: (First)_____ (Last)_____

Address: _____

Postal Code: _____ Phone: _____

Previous Zone: _____(if a member last year)

Email Address:_____

Signature: _____ Amount Paid: _____ Rec'd By: _____

Cost: Full Membership is $35

Please email completed form to President