EASTERN ONTARIO DARTS ASSOCIATION

Membership Registration

District: _____

Name: (First)_____ (Last)_____

Address: _____

Postal Code: _____ Phone: _____

Previous District: _____(if a member last year)

Email Address: _____

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

Cost: Full Membership is $35

Please email completed form to President

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