

Dayton Area Thermal Soarers Membership Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

AMA #: _____ LSF #: _____

SPONSORING MEMBER: _____

FREQUENCY'S USED: _____

FAMILY MEMBERS (If Family Membership Selected, AMA Membership required):

_____ AMA #: _____ DOB: _____

_____ AMA #: _____ DOB: _____

_____ AMA #: _____ DOB: _____

YOU MUST SHOW PROOF OF AMA MEMBERSHIP TO THE PERSON ACCEPTING THIS APPLICATION
FOR MAIL IN APPLICATIONS, A PHOTOCOPY OF THE MEMBERSHIP CARD IS REQUIRED.

FEES:

MAIL TO:

_____ One Time Initiation Fee.	\$1	Norm Poti
_____ Individual 1 Year Membership.	\$25	1410 Folk Ream Rd
_____ Family 1 Year Membership	\$25	New Carlisle, OH
_____ Newsletter Only	\$7	45344

\$_____ AMOUNT ENCLOSED

REMEMBER BEFORE SEALING THE ENVELOPE:

1. THE COMPLETED D.A.R.T.S. MEMBERSHIP FORM
2. A SIGNED CHECK MADE OUT TO "DARTS" FOR THE PROPER AMOUNT. DON'T SEND CASH
3. A PHOTOCOPY OF CURRENT AMA MEMBERSHIP CARD(S). DON'T SEND THE ORIGINAL
4. PLEASE INDICATE IF YOU DO NOT WANT YOUR E-MAIL ADDRESS ON THE WEB SITE.