

# AMERICAN DARTS ORGANIZATION<sup>®</sup> MEMBERSHIP APPLICATION

We hereby apply for a Membership in the AMERICAN DARTS ORGANIZATION<sup>®</sup>. If our application is accepted and approved for such membership, we agree to abide by and be subject to all AMERICAN DARTS ORGANIZATION<sup>®</sup> By-Laws and Rules and Regulations in force during our period of membership, or hereafter to be adopted pertaining to Membership.

We understand that Membership in the ADO will entitle us to any and every benefit which the Organization offers to Members, but that we will not be obligated, in any way, to accept any particular benefit which we do not personally condone. Our application is based on our interest in the promotion of the sport of darts.

(Please PRINT or TYPE the following information.)

Rev 08/07

Association Name: \_\_\_\_\_ Year: \_\_\_\_\_

## ASSOCIATION HEADQUARTERS MAILING ADDRESS

*This address is often a P.O. Box and may be distributed.*

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SHIPPING ADDRESS

*This address CANNOT be a P.O. Box. It will be used for bulk mailing of calendars and newsletters.*

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Number of Assoc. Members: \_\_\_\_\_

Number of Newsletters requested: \_\_\_\_\_

It is necessary for your organization to designate an ADO Association Representative. All communications, both written and oral, will be channeled through this individual. Please list his/her name and necessary contact information below:

### DUES STRUCTURE #of assn. members = \$ amt of fee due

1 - 50 = \$ 100	401 - 600 = \$ 495
51 - 100 = \$ 175	601 - 800 = \$ 580
101 - 150 = \$ 250	801 - 1000 = \$ 660
151 - 250 = \$ 330	1001 - 2000 = \$ 825
251 - 400 = \$ 415	2001 or more = \$ 1100

### OUR ADO ASSOC. REPRESENTATIVE WILL BE

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(Print Name and Title)

(Signature of Assoc. Board/Committee Member)

The initial Membership period for new applicants expires on December 31 of the year during which the application is submitted. Thereafter, all Memberships may be renewed on an annual basis. Renewal notices will be mailed to all existing members. If for any reason this application should be denied, this form, together with the application fee, will be returned promptly.

Include a Check / Money Order made payable to ADO, Inc. or to pay by Credit Card: Fill in the following, sign and date:

NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
(Exact name, including initials, as it appears on the card)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
(To where the credit card is billed)

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CR. CARD TYPE: \_\_\_\_\_  
(Visa, MC, Amex, or Discover)

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AMERICAN DARTS ORGANIZATION<sup>®</sup> PO BOX 182, LOVELAND, OH 45140-0182

AMERICAN DARTS ORGANIZATION<sup>®</sup>

MEMBERSHIP SURVEY INFORMATION (over)