

APPLICATION FOR MEMBERSHIP INTO THE COASTAL BEND DART ASSOCIATION	
Name _____ Address: _____ City: _____ Zip _____ Phone HM: _____ WK: _____	Team: _____ Div. ____ - ____ Pub: _____ If this is for a transfer, I am transferring from: Team _____ Div. - ____ - ____
\$ _____ dues paid & must accompany this application. \$11.00 dues each season. These dues will pay me thru SPR. __ Fall __ 200__ NOTE: If paid up member and starting after 1st. Night of play or you are a transfer - dues paid thru : _____	
I UNDERSTAND THAT GAMES PLAYED BY NON-PAID MEMBERS, PLAYERS UNDER THE AGE OF 21, OR PERSONS SUSPENDED FROM THE CBDA WILL BE FORFEITED. I FURTHER UNDERSTAND THAT IF I HAVE NEVER BEEN SUSPENDED FROM THE CBDA I MAY NOT PLAY UNTIL THIS APPLICATION IS APPROVED BY THE BOARD OF DIRECTORS. MY DATE OF BIRTH IS : MO. _____ DAY _____ YR. _____.	
Date _____ SIGNATURE: _____	
RECEIVED BY TEAM CAPT.: DATE: _____ SIGNATURE: _____	
APPROVED BY B. O. D. DATE: _____ SIGNATURE: _____	

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