

# **Florida Dart Association**

## **Section XII-A**

### **OFFICIAL FDA FORMS**

### **MEMBERSHIP FORMS**

# **F.D.A. Membership Application**

We hereby apply for a membership in the FDA. If our application is accepted and approved for such membership, we agree to abide by and be subject to all FDA 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 FDA will entitle us to any and every benefit which the FDA offers to its members, but that we will not be obligated, in any way, to accept any particular benefit which we do not personally condone.

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## **Membership Information**

**A COMPLETE LIST OF NAMES AND EMAIL ADDRESSES OF ALL MEMBERS MUST BE INCLUDED WITH THIS APPLICATION.** This list is needed so that the FDA Tournament Director can verify membership for tournament results. This list should be updated on a regular basis to make sure all your members names appear. You must list and identify members who are in the Youth category.

Please complete the second page of this application designating your FDA Associate Representative and all other information as required.

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If for any reason, this application for FDA membership should be denied, this form together with the application fee, will be promptly be returned with a written explanation. For prompt consideration and processing of this application, please submit the second page of this application with the required membership information and proper fee payable to FDA and mail to:

BILLY PONDER  
6404 S Adelia Ave, Apt B  
Tampa, FL 33616  
(813) 355-1311

fdamembership@gmail.com

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**Please Print and Return This Sheet**

**Type of Membership [Circle One]**

Group

Annual Individual

Lifetime

Group or Person Name \_\_\_\_\_

President \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

V President \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Secretary \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Treasurer \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

FDA Rep \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Membership Fees**

**Group Membership:** is for the period of one year, renewable on January 1<sup>st</sup> with e-mail addresses included. Renewal fees are due within thirty [30] days of January 1<sup>st</sup>. If fees are not received within 30 days there will be a \$25.00 monthly late fee assessed. Associations will be dropped if fees are not received within ninety [90] days.

1-50	Members	\$180.00*
51-100	Members	\$300.00*
101-150	Members	\$466.00*
151-250	Members	\$562.00*
251-400	Members	\$658.00*
401-500	Members	\$754.00*
501 +	Members	\$850.00*

**\*Above fees include ADO Fees\***

**Annual Individual:** \$24.00 per year...pro-rated \$2.00 per month after June 1<sup>st</sup>...Individual memberships are valid from January 1<sup>st</sup> through December 31<sup>st</sup>.

**Lifetime Memberships:** \$100.00

**Amount Enclosed** \_\_\_\_\_

**Date** \_\_\_\_\_