

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: \_\_\_\_\_

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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.  
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FEES:

MAIL TO:

_____ One Time Initiation Fee.	\$1	David Wrinkle
_____ Individual 1 Year Membership.	\$25	403 Towncrest Drive
_____ Family 1 Year Membership	\$25	Beavercreek, OH
		45434

\$\_\_\_\_\_ AMOUNT ENCLOSED

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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.
5. PLEASE include a self-addressed stamped envelope so your membership card can be mailed to you