

Arizona Federation of Dart Associations
APPLICATION FOR NEW MEMBERSHIP
&
RENEW EXISTING MEMBERSHIP

Date ____/____/____

Organization Name _____

Address _____ City _____ State ___ Zip _____

Web Page address _____

Email address _____

The above named organization/ association/league hereby applies to become a "Member" in the Arizona Federation of Darts Association (AFDA) in accordance to the Articles of Association "Article III"
"Membership in the association shall be open to any Arizona organization that has an interest in the development and enjoyment of the sport of Steel Tip Darts. All membership is subject to approval by the AFDA Executive and is subject to review by the Board of Directors. A membership may be restricted or terminated as provided in the bylaws. Only organizations conducting regular scheduled league play of "Steel" darts In the State of Arizona are eligible for AFDA membership."

We have reviewed the AFDA "By-Laws" and along with the members of our organization agree to abide by the By-Laws.

We understand that AFDA may request further documentation concerning our organization for further review prior to acceptance.

We understand that upon approval for membership/renewal, our organization will have a seat on the "Board of Directors" as per "Article IV"

It is necessary for your Organization to designate an AFDA Representative. This representative shall hold a seat on the AFDA Board of Directors and will have full voting powers (along with other powers, outlined in the By-Laws) on behalf of your organization. Your representative is required to make every effort possible to attend regular meetings and other meetings called by the AFDA Executive Board or provide a suitable replacement.

In the event of a Board meeting taking place during the "State Playoff" we authorize the captain of our team to attend and vote on our behalf if necessary. Circle YES or NO.

(PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION)

Our AFDA Representative will be:

Name _____

Mailing Address _____

City, State, Zip _____

Phone (H) _____ Cell _____

Email Address _____

Organizations Headquarters Address:

Name _____

Address _____

City, State, Zip _____

Phone _____

**MEMBERSHIP FEE OF \$25.00 MUST BE SUBMITTED WITH THIS APPLICATION.
MUST BE POSTMARKED WITH CHECK BY December 31, 2016**

Make check payable to:
Arizona Federation of Dart Associations or AFDA

Mail to:
Moe Arsenault
929 Wigwam Dr.
Lake Havasu City, AZ 86406

Signature of Organization Board Member _____

Title _____

Date ____ / ____ / ____

Received ____ / ____ / ____

Approved ____ / ____ / ____