

Central Virginia Dart Association

PO Box 3085
Chester, VA 23831

Membership Application

This membership application must be completed in its entirety and submitted prior to any individual participating in CVDA activities. Membership shall be considered valid for the calendar year (January-December). The CVDA shall have the right to accept or reject any application within its by-laws.

Please Complete The Following Information (Please Print)

Year:	
Name:	
Address:	
City:	Zip Code:
Home Phone:	Work Phone:
CVDA ID#:	Occupation:
Email Address:	
Team Name:	

I, _____, do swear to abide by the CVDA by-laws and rules of play. I will represent this association by displaying good sportsmanship at all times and by being courteous to my fellow darters. Furthermore, I understand the CVDA and its officers and representatives cannot be liable for any accidents or injury.

Signature:	Date:
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- Winter Season - \$30
 Summer Season - \$20
 Fall Season - \$10
 Member at Large - \$10

Application Fee Must Be Attached
(Checks (no cash) to be placed in the Bar-Lock Boxes)