



The Cleveland Darter Club Yearly Membership Application

PLEASE PRINT ALL INFORMATION

Office Use:

D/R: _____

D/E: _____

Chk #: _____

Make check (\$20) payable to: The Cleveland Darter Club, P.O. Box 30615, Middleburg Hts., OH 44130.
Cash will not be accepted for payment of fees.

CDC # _____ Name: _____

Address: _____ Apt. # _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Birthday: _____

Email Address: _____

Place of Work/Occupation: _____ Male: _____ Female: _____

Please Note: If we do not have accurate information, you may not receive important information, such as the weekly standings sheet or other important Club information. Please contact the Club at the above address, or call us at (216) 226-2582 if any of the information above changes. All new members will receive a CDC Membership Card. All Membership fees are non-transferable and Non-refundable. Memberships run from September 1 through August 31. Any questions pertaining to Membership should be directed to the League Manager at (216) 226-2582.

Agreement and Waiver of Liability

In consideration of being accepted as a member of The Cleveland Darter Club, Inc., a non-profit organization incorporated under the laws of the State of Ohio, I hereby agree to assume any and all risk for bodily harm to myself and property damage to any of my property, or damages for any other cause which might occur by virtue of my participating in the various activities sponsored by The Cleveland Darter Club, Inc., in particular, but not limited to, in its various dart throwing leagues, tournaments, and all activities in connection herewith and hereby waive any and all claims, demands and causes of action, of whatever nature which I might hereinafter have against The Cleveland Darter Club, its officers, its directors, its employees or its agents.

With my acceptance as a Member of The Cleveland Darter Club, Inc., I hereby commit and agree to adhere to all rules, regulations, by-laws, governing documents and other policies of The Cleveland Darter Club, Inc., and acknowledge and accept my responsibility to familiarize myself with the same.

Applicant's Signature: _____ Volunteer? YES Date: _____

Annual Membership Fee is \$20. Make checks payable to "The Cleveland Darter Club" Application will not be processed without the proper fee.



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