

AMERICAN DARTS ORGANIZATION[®] MEMBERSHIP APPLICATION

We hereby apply for a Membership in the AMERICAN DARTS ORGANIZATION[®]. If our application is accepted and approved for such membership, we agree to abide by and be subject to all AMERICAN DARTS ORGANIZATION[®] 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 ADO will entitle us to any and every benefit which the Organization offers to Members, but that we will not be obligated, in any way, to accept any particular benefit which we do not personally condone. Our application is based on our interest in the promotion of the sport of darts.

(Please PRINT or TYPE the following information.)

Rev 06/01

Association Name: _____ Year: _____

ASSOCIATION HEADQUARTERS MAILING ADDRESS

This address is often a P.O. Box and may be distributed.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email : _____

SHIPPING ADDRESS

This address CANNOT be a P.O. Box. It will be used for bulk mailing of calendars and newsletters.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Number of Assoc. Members: _____

Number of Newsletters requested : _____

It is necessary for your organization to designate an ADO Association Representative. All communications, both written and oral, will be channeled through this individual. Please list his/her name and necessary contact information below:

DUES STRUCTURE #of assn. mems = \$ amt of fee due

1 - 50	= \$ 85	401 - 600	= \$ 495
51 - 100	= \$ 165	601 - 800	= \$ 580
101 - 150	= \$ 250	801 - 1000	= \$ 660
151 - 250	= \$ 330	1001 - 2000	= \$ 825
251 - 400	= \$ 415	2001 or more	= \$ 1100

OUR ADO ASSOC. REPRESENTATIVE WILL BE

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Day Phone: _____

E-Mail: _____

(Print Name and Title)

(Signature of Assoc. Board/Committee Member)

The initial Membership period for new applicants expires on December 31 of the year during which the application is submitted. Thereafter, all Memberships may be renewed on an annual basis. Renewal notices will be mailed to all existing members. If for any reason this application should be denied, this form, together with the application fee, will be returned promptly.

Include a Check / Money Order made payable to ADO, Inc. or to pay by Credit Card: Fill in the following, sign and date:

NAME: _____ **PHONE:** (____) ____ - _____
(Exact name, including initials, as it appears on the card)

ADDRESS: _____ **CITY:** _____
(To where the credit card is billed)

STATE: _____ **ZIP:** _____ **CR. CARD TYPE:** _____
(Visa, MC, Amex, or Discover)

CARD NUMBER: _____ **EXP. DATE:** _____

SIGNATURE: _____ **DATE:** _____

AMERICAN DARTS ORGANIZATION[®] 230 N. Crescent Way Ste. K – Anaheim, CA 92801 – (714) 254-0212 / 0214 Fax

The following information is required of all clubs making application for ADO Membership/Renewal:

CLUB NAME _____

ADO REGION _____

1. How many Association Members do you have? _____ How many years has your club existed? _____
 2. Besides league play and tournaments, what other methods does your club use to promote the Sport? _____
 3. How many seasons do you operate annually? 1 2 3 4 When do you have league? Su M Tu W Th F Sa
What games do you offer (singles/501, mixed doubles/301, etc.)? _____
 4. Does your club charge player membership fees? Yes No \$ _____ per member - per _____ season/ _____ year
Does your club charge sponsorship fees? Yes No \$ _____ per team per season. If you answered "no", how are funds generated to support your league? _____
 5. How is Double Eagle newsletter distributed? Direct mail to each member Pub Drop Meetings Dart Shops Other _____
 6. Does your club have a newsletter? Yes No Please add your Reg. Director /Area Manager to your mailing list.
 7. Club officers are: Elected Appointed Why? _____
 Both If both, which officers are appointed? _____
Do they serve: 1 2 3 4 5 years terms _____ Officers are: Volunteers Paid Both If both, which officers are paid? _____ How is salary determined and funded? _____
 8. Your ADO Representative is: Elected Appointed _____
 9. If your club uses a computer, please answer the following info to help us in developing ADO technology:
Is your computer a PC or a Macintosh? _____ Who is your Internet Provider? _____
Who is your Browser? _____ Do you use a CD-ROM drive? Yes No DVD Player? Yes No
Do you use a Zip drive? Yes No What is your primary database program? _____
What is your primary "word processing" program? _____
Do you have email? Yes No If so, what is your email Address? _____
Do you wish to receive 'ADO news' via this address? Yes No _____
Do you have a Web Site? Yes No If so, what is your Web Site? _____
 10. Have you looked at **WWW.ADODARTS.COM**? Yes No Have you signed up or linked to it? Yes No
Why? _____
 11. How many youth members in your league? _____ Does your league run youth "darts" activities? Yes No
If yes, please check all that apply: Clinics Youth league Youth /Adult tournaments Youth tournaments
 Youth events in regular tournaments ADO playoffs Other _____
 12. Would you be willing to provide names and addresses for direct mailing of youth event information? Yes No
Surveys? Yes No Promotional activities? Yes No _____
 13. Would your members be willing to pay individual membership fees to receive individual services? Yes No
 14. What additional individual benefits would your members like from the ADO? _____
 15. Do you feel that you understand your job as ADO Representative? _____
- Check the areas below in which you feel your club could use assistance and briefly describe your needs: Tournaments League Management Newsletter Distribution Other _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

ATTENTION: ALL clubs who join/renew ADO membership are required to submit a complete membership list within thirty (30) days of application. Lists should be in alphabetical order by last name. This information is required annually.