



**Western Ontario Darts Membership Form    Zone:**

<u>First Name</u>		<u>Last Name</u>	
<u>Address</u>		<u>City</u>	<u>Postal Code</u>
<u>Sex</u>	<u>Phone Number</u>	<u>E-Mail Address</u>	
Consent For WODA To Communicate Via E-Mail			YES/NO



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