

# Ohio Fast Draw Association Int. Membership Application



Name:			
Address 1			
Address 2			
City:			
State:			
Zip:			
Home Phone #		Cell#	
Emergency #		Contact	
Email Address:			
Referred by:			

<b>Dues</b>					
Member	Dues \$25.00	Insurance \$25.00		Total	
<b>Family Member Dues</b>					
Name	Relation	Date of Birth if Child	Dues \$15.00	Insurance \$25.00	Total
					Total:

**INSURANCE IS REQUIRED TO BECOME A MEMBER**

Date: \_\_\_\_\_

Signatures: \_\_\_\_\_

Mail this form and Check to:  
Ohio Fast Draw Association Int.  
4712 SR 534 Rome, OH 44085  
Or email this completed form to [LTCCAP424@gmail.com](mailto:LTCCAP424@gmail.com) and a link will be  
Emailed back to you to pay by credit card or PayPal online.