

# 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 \$35.00	New Member Fee \$15.00	Total		
<b>Family Member Dues</b>						
Name	Relation	Date of Birth if Child	Dues \$15.00	Insurance \$35.00	New Member Fee \$15.00	Total
					Total:	

**INSURANCE IS REQUIRED TO BECOME A MEMBER**

Date:

Signatures:

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Mail this form and Check to:  
Ohio Fast Draw Association Int.  
18451 Rowell Rd. Wellington, OH 44090  
Or email this completed form to [OFDAI@aol.com](mailto:OFDAI@aol.com) and a link will be  
Emailed back to you to pay by credit card or PayPal online.