

ODA MEMBERSHIP APPLICATION

Dues are annually: Single Membership: \$25.00, Family Membership \$35.00



APPLICANT INFORMATION:			Today's Date: _____		
Name:					
Address:					
City:		State:		Zip Code:	
E-mail:		Phone:		Cell:	
METAL DETECTING INFO:			Years You Have Been Detecting: _____ or I'm NEW At This _____		
Types of Metal Detecting you like: (Circle all that apply to you) <i>Relics</i> <i>Coins</i> <i>Water/Beach</i> <i>Other</i>					
What metal detectors do you use:					
Please list any other Metal Detecting Clubs you have been a member at in the last 3 years:					
IF OTHER FAMILY MEMBERS JOINING					
Names:					
17 YEARS OF AGE OR YOUNGER					
I hereby grant permission for _____ (Age) _____ to participate in all ODA activities including but not limited to monthly meetings, club detecting outings, treasure hunts, picnics and field trips.				Parent or Guardian Signature:	
VOLUNTEERING / Your Occupation: _____					
Would you be willing to volunteer for club activities in the future?					
If yes what type of volunteering are you most comfortable with or interested in: (Circle all that apply to you)					
Officer Position / Committee Leader / Welcome Committee / Fundraising / Snack Committee / Help Out Where I Can					
Other:					
How did you hear about the Ohio Detectorists Association?					
SIGNATURES					
Signature of applicant:				Date:	
Signature of additional family members:				Date:	
<small>(Only if for joint membership.)</small>					

FOR CLUB USE ONLY	
\$\$ Received:	Date Received:
Cash:	Check #