



HDAB Membership Form

Name: _____

Address: _____

Phone (home): _____

Phone (cell): _____

Email Address: _____

Please List your students at Darby and the sport(s) they participate in:

Membership Type: _____ Panther (Lifetime) (\$125.00)

_____ Black (annual) (\$30.00)

_____ Blue (annual) (\$15.00)

Please make checks payable to: **HDAB**

Please attach your payment to this membership form and return to one of the following:

- HDAB Officer to Team Trustee
- HDAB spiritwear sales table
- Hilliard Darby Athletic Office
- HDAB monthly meeting (7:00pm on the 3rd Monday of the month)
- HDAB
P.O. Box 996
Hilliard, OH 43026