



Youth Membership

Annual Membership Dues \$25
(January – December)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Age on 1/1/2019: _____

Signature

Date

Amount Paid \$ _____

chk/cash

Date Paid _____

**Mail to: CTDA
PO Box 607
Thorndale, TX 76577**