



## Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel (home): \_\_\_\_\_ Tel (business): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Enclosed is a cheque or money order made payable to the ISDA for \$500 USD (full time):

Enclosed is a cheque or money order made payable to the ISDA for \$250 USD (part time):

Enclosed is a cheque or money order made payable to the ISDA for \$250 (challenger series only):

Please send me an invoice:

Please return this form with cheque or money order to:

ISDA  
197 Glencairn Ave  
Toronto, Ontario  
M4R 1N3 Canada

If you require further information, please email [doubles@isdasquash.com](mailto:doubles@isdasquash.com)