



**International Knife
Throwers Hall of Fame**

Membership Application

**International Knife Throwers Hall of
Fame Association**

Name: (Please print clearly)			
Address:			
City:	State:	Zip:	Phone:
Signature:		Email:	
Parent Signature: (if under 18)			

** NOTE: Under 18 needs parent/guardian approval!!

Description	Unit Price	Qty	Amount
Membership Fee	\$15.00		
Additional family members	\$10.00		
IKTHOF Patches	\$10.00		
International Members S&H USD Except Canada	\$10.00	1 only	
Total Order (US Dollars Only)			\$

Make Check or Money Order to:
International Knife Throwers Hall of Fame
10203 Old Manchaca Rd. 78748