

PLEASE PRINT CLEARLY

Membership Year: 20__ - 20__

Renewal:

New Membership:



PORTLAND WINTERHAWKS

BOOSTER CLUB

MEMBERSHIP APPLICATION

Primary Member's Name: _____

Address: _____ Apt #: _____

City: _____ State/Prov: _____

Phone: () _____ - _____ Zip/Postal Code: _____

Email Address: _____

MEMBERS NAMES - PLEASE PRINT / **BIRTH MONTH**

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

5. _____ / _____

6. _____ / _____

MEMBERSHIP LEVELS

Family Membership (Up to 4 Persons) - \$20.00

Additional Family Members (Each/After 4) - \$5.00

Couple (2 Persons / Same Address) - \$15.00

Senior Couple (60+ / Same Address) - \$12.00

Individual (18 - 59) - \$10.00

Individual Youth (17 or Under) or
Individual Senior (60+) - \$8.00

OFFICE USE ONLY

Date Received: _____

Received by: _____

Cash Received: \$ _____

Check Received: \$ _____ Ck #: _____

Membership Card(s) Issued: # _____

Data Entry Date: _____ By: _____

Rev: 121309

I and/or my family agree to abide by the Constitution and By-Laws of the Portland Winterhawks Booster Club.

Signature: _____ Date: _____