



PLEASE PRINT CLEARLY

Please check one box:

Renewal

New Membership

Membership Application good from October 1st to September 30th. (the period of one year)

Name: _____

Address: _____

City: _____

State: _____ **Prov:** _____

Zip: _____ **Postal Code:** _____

Phone: () _____

<input type="checkbox"/>	Family (up to 4 people)	\$20.00
<input type="checkbox"/>	*Additional Family Members	\$5.00
<input type="checkbox"/>	Couple (same address)	\$15.00
<input type="checkbox"/>	Senior Couple (60+)	\$12.00
<input type="checkbox"/>	Individual (18-59)	\$10.00
<input type="checkbox"/>	Individual Youth (17 & Under) or Individual Senior (60+)	\$8.00

E-mail Address: _____

LIST ALL MEMBERS - PLEASE PRINT CLEARLY

1.	Birth Month:	_____
2.	Birth Month:	_____
3.	Birth Month:	_____
4.	Birth Month:	_____
5.	Birth Month:	_____
6.	Birth Month:	_____

Booster Club Use Only	
Date:	_____
Payment:	_____
Cash	_____
Check	_____
Card(s) Issued:	_____

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

Signature