

P O R T L A N D W I N T E R H A W K S B O O S T E R C L U B

Post Office Box 6768
Portland, Oregon 97228-6768

A 501(c)(3) CHARITABLE ORGANIZATION

MEMBERSHIP APPLICATION

Membership Year: 2023 - 2024 **PLEASE PRINT CLEARLY**

Primary Member's Name: _____

Address: _____ Apt #: _____

City: _____ State/Prov: _____

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

Family Members Name	Email Address	Birth: Month/Day
Primary Person Above Should Be Listed On Line #1 Below. Please DO NOT duplicate email addresses.		
1. _____	_____	____ / ____
2. _____	_____	____ / ____
3. _____	_____	____ / ____
4. _____	_____	____ / ____
5. _____	_____	____ / ____

YEARLY MEMBERSHIP FEES

☐ Family Membership (3 to 4) - \$25.00
☐ Additional Family Members - \$5.00 each
☐ Couple (2 People) - \$20.00
☐ Individual (18 to 59) - \$15.00
☐ Individual Youth (through 17th year) - \$13.00
☐ Senior Couple (60 +) - \$17.00
☐ Senior Individual (60 +) - \$13.00

☐ Mail Credentials - add \$5.00

DONATIONS (Optional)

\$ _____ General Donation

\$ _____ Shop With A Hawk TM

\$ _____ Player's Yearbooks

\$ _____ Other _____

You will Receive a Tax Deductible Letter
By January 31 for the previous tax year

OFFICE USE ONLY

New Membership. ____ Renewal. ____ Honorary: ____

Pre-Season (Feb—June) ____ Ref by: _____

Membership Amount. \$ _____

Donation Amount. \$ _____

☐ Cash ☐ Check. # _____ ☐ Credit Card # _____

Membership Cards Issued: # _____

Date Received: _____ Rec By: _____

Data Input CORRECTION ONLY _____

Member # _____ Family Number: _____

Data Entry Date: _____ By: _____
Rev: 03/17/2023

I and/or my family agree to abide by the Articles and By-Laws of the Portland Winterhawks Booster Club. We "OPT-IN" and agree to having photos taken at events and to the receipt of email to the address we have provided above.

Signature: _____ Date: _____