EVERETT SILVERTIPS HOCKEY BOOSTER CLUB
MEMBERSHIP APPLICATION
September 1, 2010 – August 31, 2011
www.silvertipsboosterclub.com

Individual $12.00 ___ (18-59 yrs old) Family $15.00 ___ (up to 2 adults and minor children 17 & under at same address)

Senior Single $7.00 ___ (Individual 60 or older) Senior Family $10.00 ____ (Up to 2 adults with 1 being age of 60 or over)

Junior $10.00 __ (Individual 17 and younger- with parents permission) Renew __ Membership # ____ New ____

Primary Members Name:_____ Birth MM/YY _____/_____

Address _____City_____State/Prov_____Zip/Postal_____

Home Phone Number (_____)_____ Cell (_____) _____

2nd Adult Member Name:_____ Birth MM / YY _____ / _____

Family or Senior Family Memberships: Please list all names and birth year of children 17 or under

Name: _____ Birth MM / YY _____ / _____

Name: _____ Birth MM / YY _____ / _____

Name: _____ Birth MM / YY _____ / _____

Name: _____ Birth MM / YY _____ / _____

Name: _____ Birth MM / YY _____ / _____

Check if additional names and birth month and year have been added to back of application **(___)**

E-mail Address: Please limit to 2 addresses. (PLEASE PRINT CLEARLY – ONE LETTER OR NUMBER PER BOX

Would you be interested in working on a Booster Club Committee? Please check appropriate committee, you will be contacted at beginning of season.

Events (___) Road Trips (___) Community (___) Calendar (___) Budget (___) By-Laws (___) Fundraising (___) Membership (___)
Scrapbooks (___) Secret Pals (___) Elections (___) Game Night Table (___) Finance – Audit (___) Chuck a Puck (___)

Do you have a talent, skill or occupation you would like to share with the membership for networking or that would be of assistance to the club activities? If Yes, please describe: _____

Are you a season ticket holder? Yes (__) No (__) If not, how many games do you plan to attend? _____

Primary Members Signature: _____ Date: _____
ALL members on this Membership will abide by the Constitution and By-Laws of the Booster Club.

In the event of a change in mailing or e-mail address, it is the responsibility of the primary member to notify the ESHBC Membership Committee of said changes.

Please return this application with the appropriate dues in US Funds only to:
ESHBC PO Box 1182 Everett, WA 98206-1182 ATTN: Membership

The ESHBC Membership Committee provides this information to the members of ESHBC Board of Directors if requested and upon written request to the Everett Silvertips Team management. This information otherwise provided to other ESHBC Committee Chairpersons with the primary member's approval. If you don't want your name included, please check here**. ___**

For Everett Silvertips Hockey Booster Club Use Only

Date: _____ Receipt # _____ Cash (__) Credit Card (__) Check #_____ Membership # _____ Received by: _____

Member Card(s) Issued (__) / Mailed (__) Excel Entry (__) Misc Info: _____