

SOUTH CAROLINA STINGRAYS BOOSTER ASSOCIATION

PO Box 2236 – Summerville, SC 29484-2236

MEMBERSHIP APPLICATION

Please complete this application and return along with the appropriate membership fee to the above address. This membership will be valid for twelve months beginning with the first day of your Anniversary Month.

NEW MEMBER RENEWAL FAMILY MEMBERSHIP* \$35 INDIVIDUAL MEMBERSHIP** \$25

*Family – includes immediate family members (i.e. husband, wife, unmarried children to age twenty-three (23), or dependent children to include the handicapped) residing under the same roof with the same mailing address.

**Individual – includes one individual at one address who shall be no less than eighteen (18) years of age.

Membership # _____

Last Name _____

Nick Name _____

First Name _____

Birthdate (month/day) _____

Address _____

City, State, Zip _____

Spouse _____

Birthdate (month/day) _____

Contact Phone # _____

E-Mail _____

May we send the booster newsletter *Offside Skate* and other notices to you via email? Yes No

Note: Year of birth is required for children

Child _____

Birthdate (month/day/year) _____

Child _____

Birthdate (month/day/year) _____

Child _____

Birthdate (month/day/year) _____

Season Ticket Holder: Yes No If yes, Section/Row/Seats _____

Signature _____

Date _____

Section below to be completed by member processing application

Total Received	\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Received by	_____	Date	_____
# of Patches Issued	_____	Logo	_____
Current	_____	Date Processed	_____