

South Carolina Stingrays Booster Association

Membership Application

The membership will be valid from October 1st thru September 30th of each hockey season.

New Member Renewal Family Membership* - \$35.00 Individual Membership** - \$25.00

* Family – Includes immediate family members (i.e. husband, wife, unmarried children to age 18 or dependent children to include the disabled) 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.

Last Name _____ First Name _____

Birthdate (month/day **only**) _____

Address _____

City, State, ZIP _____

Spouse _____ Birthdate (month/day **only**) _____

Contact Phone _____ Email _____

We will send you an email with party information as well as other announcements. Booster information will also be available on our facebook page and/or our website at www.raysboosters.com.

Family Memberships: **Note: Year of birth is required (See * Above)**

Dependent _____ Birthdate (month/day/year) _____

Dependent _____ Birthdate (month/day/year) _____

Dependent _____ Birthdate (month/day/year) _____

Signature of Member _____ Date _____

When paying with a credit card online, please drop application at the Games Table-Section 116.

Method of Payment: Check # _____ Cash Credit Card in person
 Credit Card online (last name on Credit Card if different from above) _____

This section to be filled out by the member processing this application

Total Received \$ _____ Check # _____ CC Cash

Received by _____ Date ___/___/___

Membership Letter Given: _____ Application Processed ___/___/___

Revised 7/2021