

PLEASE PRINT CLEARLY

Membership Year: 20 16 - 20 17

Renewal:

New Membership:

Preseason Renewal:

REFERRED BY: _____



PORTLAND WINTERHAWKS

Post Office Box 6768
Portland, Oregon 97228-6768

BOOSTER CLUB

A 501(c)(3) CHARITABLE ORGANIZATION

MEMBERSHIP APPLICATION

Primary Member's Name: _____

Email Address: _____

Address: _____ Apt #: _____

City: _____ State/Prov: _____

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

MEMBERSHIP LEVELS

Family Membership (Up to 4 Persons) - \$25.00

Additional Family Members (Each/After 4) - \$5.00

Couple (2 Persons / Same Address) - \$20.00

Senior Couple (60+ / Same Address) - \$17.00

Individual (18 - 59) - \$15.00

Individual Youth (17 or Under) or
Individual Senior (60+) - \$13.00

If mailed: () Will Pick Up at Game or () add \$3.00 for
Mailing (Parcel Post Required)

MEMBERS NAMES - PLEASE PRINT / **BIRTH MONTH**

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

5. _____ / _____

OFFICE USE ONLY

Date Received: _____ Rec By: _____

Received: \$ _____ CASH CC

Check Received: \$ _____ Ck #: _____

Membership Card(s) Issued: # _____

Data Entry Date: _____ By: _____
Rev: 020116

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

Signature: _____ Date: _____