

PLEASE PRINT CLEARLY

Membership Year: 20 19 - 20 20

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: _____

Address: _____ Apt #: _____

City: _____ State/Prov: _____

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

MEMBERSHIP LEVELS

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

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

Individual (18 to 59 Years) - \$15.00

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

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

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

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

MEMBERS NAMES and EMAIL'S PLEASE PRINT

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: 090116

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: _____