



PORTLAND WINTERHAWKS

BOOSTER CLUB

Post Office Box 6768
Portland, Oregon 97228-6768

A 501(c)(3) CHARITABLE ORGANIZATION

MEMBERSHIP APPLICATION

Membership Year: 20 22 - 20 23 PLEASE PRINT CLEARLY

Primary Member's Name: _____

Address: _____ Apt #: _____

City: _____ State/Prov: _____

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

Family Members Name Email Address Birth: Month/Day

Primary Person Above Should Be Listed On Line #1 Below. Please DO NOT duplicate email addresses.

1. _____
2. _____
3. _____
4. _____
5. _____

YEARLY MEMBERSHIP FEES

- _____ Family Membership (3 to 4) - \$25.00
- _____ Additional Family Members - \$5.00 each
- _____ Couple (2 People) - \$20.00
- _____ Individual (18 to 59) - \$15.00
- _____ Individual Youth (through 17th year) - \$13.00
- _____ Senior Couple (60 +) - \$17.00
- _____ Senior Individual (60 +) - \$13.00
- _____ Mail Credentials - add \$5.00

DONATIONS (Optional)

- \$ _____ General Donation
- \$ _____ Shop With A Hawk
- \$ _____ Player's Yearbooks
- \$ _____ Other _____

You will Receive a Tax Deductible Letter
By January 31 for the previous tax year

OFFICE USE ONLY

New Membership. ___ Renewal. ___ Honorary: ___

Pre-Season (Feb—June) ___ Ref by _____

Membership Amount. \$ _____

Donation Amount. \$ _____

___ Cash ___ Check. # _____ Credit Card # _____

Membership Cards Issued: # _____

Date Received: _____ Rec By: _____

Data Input CORRECTION ONLY _____

Member # _____ Family Number: _____

Data Entry Date: _____ By: _____
Rev: 01/17/2022

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: _____