

**PLEASE PRINT CLEARLY**

Membership Year: 20 20 - 20 21

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 \$5.00 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: 020120

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: \_\_\_\_\_