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