



Salem Athletic Booster Club



2009 Salem Athletic Booster Club Membership Form

Types of Memberships Available:

Lifetime Membership	\$100.00 <u>per name</u>	Number x \$100.00 = _____
Adults	\$10.00 <u>per name</u>	Number x \$10.00 = _____
Student (under 21 years of age)	\$5.00 <u>per name</u>	Number x \$5.00 = _____
Senior Citizen (60 years and older)	\$5.00 <u>per name</u>	Number x \$5.00 = _____
Memorial Donation	\$5.00 <u>per name</u>	Number x \$5.00 = _____

TOTAL ENCLOSED: _____

Please print names as you want them to appear

Name(s): _____ & _____

Address: _____ City: _____

State: _____ Zip: _____

Phone (optional): _____

Email: _____

In Memory of: _____

The Salem Athletic Booster Club is always looking for volunteers to serve on various committees or to help with annual events. Please indicate below if you would like us to call you.

_____ YES, I am interested in volunteering. Please call me.

Mail this form and payment by August 1st to be included in the Fall Sports Program or by November 1st to be included in the Winter Sports Program

Mail to:

**Salem Athletic Booster Club
P.O. Box 895
Salem, Ohio 44460**