

# Salem Athletic Booster Club

## 2019-2020 Membership Form

<b>Lifetime Membership</b>	<b>\$100</b>	<b>Adult 1-year Membership</b>	<b>\$10</b>
<b>Student 1-year Membership</b> (under 21)	<b>\$5</b>	<b>Senior 1-year Membership</b> (60+)	<b>\$5</b>

Please PRINT names as you want them to appear in the 2019-2020 Sports Programs

### MEMBERSHIPS

	<u>Lifetime</u>	<u>Adult 1-yr</u>	<u>Student 1-yr</u>	<u>Senior 1-yr</u>	<u>Amount</u>
Name _____	\$100 ea.	\$10 ea.	\$5 ea.	\$5 ea.	_____
Name _____	_____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____	_____

*Current Lifetime members do not need to fill out membership section, but please consider a donation.*

***Donations are an option for all SABC members (\$10 minimum)- SABC is a 501(c)(3)***

### MEMORIAL DONATIONS (With a Membership—will appear in sports programs without amount) Amount

In Memory Of \_\_\_\_\_ \_\_\_\_\_

In Memory Of \_\_\_\_\_ \_\_\_\_\_

\*Name of Donating Member: \_\_\_\_\_

### SPORT SPECIFIC DONATIONS—(With a Membership—please indicate dollar amount beside each team)

_____ Baseball	_____ Boys Basketball	_____ Boys Soccer
_____ Softball	_____ Girls Basketball	_____ Girls Soccer
_____ Football	_____ Cheerleading	_____ Volleyball
_____ Boys Tennis	_____ Boys Golf	_____ Wrestling
_____ Girls Tennis	_____ Girls Golf	_____ Girls Track
_____ Cross-Country	_____ Swimming	_____ Boys Track

Name: \_\_\_\_\_ Total Enclosed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

***Mail this form with payment by August 16th to be included in the Fall Sports Program. Memberships received after August 16th will be valid, but won't appear until the Winter Sports Program. Mail to:***

**Salem Athletic Booster Club | PO BOX 895 | Salem, OH 44460**

**Questions?** Email SABC.SalemOhio@gmail.com | Call Mark Zocolo at 330-853-7185 or 330-337-3363