

Salem Athletic Booster Club

2018-2019 Membership Form

August 2018-July 2019

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

Please PRINT names as you want them to appear in the 2018-2019 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 _____	_____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____	_____

*Donations are an option for all SABC members with a \$10 minimum
SABC has 501(c)(3) tax exempt status*

MEMORIAL DONATIONS (will appear in fall and winter sports programs without amount) Amount

In Memory Of _____

In Memory Of _____

*Name of Donating Member: _____

SPORT SPECIFIC DONATIONS (please indicate dollar amount beside team(s))

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

Name: _____ Total Enclosed: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Home Cell

Please email me monthly SABC meeting reminders and special event information

Mail this form with payment by August 14th to be included in the Fall Sports Program. Memberships received after August 14th will be valid, but won't appear until the Winter Sports Program. Mail to:

Salem Athletic Booster Club

PO BOX 895

Salem, OH 44460

Contact us at: sabc.SalemOhio@gmail.com