



**Cleveland Hockey Booster Club, Inc.**

**MEMBERSHIP APPLICATION**

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Individual Membership: \$15.00

Family Membership (includes children under 18): \$25.00

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE (Home): (\_\_\_\_) \_\_\_\_\_ Alternate: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ BIRTHDAY (Month/Day): \_\_\_\_\_

Make all checks payable to: CLEVELAND HOCKEY BOOSTER CLUB

*Return Completed Application and Dues to:* Marsha Hess  
13118 Tyler Avenue  
Cleveland, OH 44111

**If this is a Family Membership, Please List All Names and Birthdates:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Do you or any member of your family (age 18 and under) play organized hockey? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: Player's Name \_\_\_\_\_ Player's Age \_\_\_\_\_

Team Name \_\_\_\_\_ League Name \_\_\_\_\_

Would you be willing to be notified to help with club activities/functions/committees? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, indicate the committees/activities in which you are interested:

Road Trips: \_\_\_\_\_ Fundraising: \_\_\_\_\_ Parties: \_\_\_\_\_

Sunshine: \_\_\_\_\_ Welcoming: \_\_\_\_\_ Newsletter: \_\_\_\_\_

*If this is a new membership – did a current member refer you? Y / N. If Yes, who? \_\_\_\_\_*

*Would you be interested in receiving your newsletter via e-mail/internet? Y / N*

**For Club Use Only**

Date: \_\_\_\_\_ Number(s): \_\_\_\_\_ Paid: \_\_\_\_\_ Regular: \_\_\_\_\_ Family: \_\_\_\_\_ New: \_\_\_\_\_ Renewal: \_\_\_\_\_