



WICHITA THUNDER BOOSTER CLUB

THE STORM

P.O. BOX 49212
WICHITA, KS 67201-9212

MEMBERSHIP APPLICATION/RENEWAL FORM

2009 - 2010

NEW _____ RENEWAL _____ INDIVIDUAL(\$15) _____ HOUSEHOLD(\$20) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

Which of the above information do you want in the membership directory? Name Address Phone e-mail

NEWSLETTER OPTION: (____) e-mail (____) US Mail

SEASON TICKET HOLDERS: (____) YES (____) NO SECTION _____

Membership period is from June 1st to May 31st. Dues are not pro-rated and are non-refundable.

For household memberships: List the name of all household members and date of birth, if under 18 years of age. Household members MUST reside at the same address as primary applicant – proof of address must be provided upon request.

Put a checkmark next to the information you would like to be entered in the membership directory. Only first name information will be entered for children under 18.

↓	↓	↓	↓
<input type="checkbox"/> NAME _____	<input type="checkbox"/> DOB _____	<input type="checkbox"/> E-MAIL _____	<input type="checkbox"/> PHONE _____
<input type="checkbox"/> NAME _____	<input type="checkbox"/> DOB _____	<input type="checkbox"/> E-MAIL _____	<input type="checkbox"/> PHONE _____
<input type="checkbox"/> NAME _____	<input type="checkbox"/> DOB _____	<input type="checkbox"/> E-MAIL _____	<input type="checkbox"/> PHONE _____
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<input type="checkbox"/> NAME _____	<input type="checkbox"/> DOB _____	<input type="checkbox"/> E-MAIL _____	<input type="checkbox"/> PHONE _____
<input type="checkbox"/> NAME _____	<input type="checkbox"/> DOB _____	<input type="checkbox"/> E-MAIL _____	<input type="checkbox"/> PHONE _____

I release the Wichita Thunder Booster Club from any liability for any injury or loss incurred at any and all Booster Club functions and/or meetings. This includes minors covered under a junior and / or household membership. I agree to abide by the rules and stipulations outlined in the By-Laws and the Code of Ethics which govern the Wichita Storm Booster Club. I understand that membership applications are subject to approval by the executive board and membership dues are non-refundable.

Signature _____ Date _____

(all adult household members must sign & parent or guardian must sign for junior members)

Signature _____ Date _____

(all adult household members must sign)

COMMITTEES: Please check any committees you would be interest in serving on:

- | | | |
|--------------------|--------------------|--------------------|
| _____ FUNDRAISING | _____ HOSPITALITY | _____ PLAYER HOSTS |
| _____ PARTIES | _____ BY-LAWS | _____ MEMBERSHIPS |
| _____ PLAYER MEALS | _____ PUBLICATIONS | _____ HISTORICAL |
| _____ BOOTH | _____ APARTMENTS | _____ SPONSORSHIPS |