



EVERETT SILVERTIPS HOCKEY BOOSTER CLUB
MEMBERSHIP APPLICATION - www.silvertipsboosterclub.com
ONE MEMBERSHIP TYPE PER APPLICATION



New Member?	YES NO	ESHBC Membership #:
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Circle One

RENEWAL YEAR				
2019-2020	2020-2021	2021-2022	2022-2023	2023-2024

Primary Members Name:			Birth MM/YY:	
Address:		City:	State/Prov:	Zip/Postal:
Primary Phone:			OK to Text YES NO	

Circle One

Select one	Type	Description
\$12	Individual	Individual 18-59 years old
\$15	Family	Up to 2 adults & minor children 17 & under at same address
\$7	Senior Individual	Individual 60 years or older
\$10	Senior Family	Up to 2 adults with 1 being age of 60 or over
\$10	Junior Individual	Individual 17 and younger- with parents' permission

2nd Adult Member Name:			Birth MM/YY:	
2nd Adult Phone:			OK to Text YES NO	

Family or Senior Family Memberships: Please list all names and birth year of children 17 or under

Name:	Birth MM/YY:
Name:	Birth MM/YY:
Name:	Birth MM/YY:
Name:	Birth MM/YY:

The ESHBC uses emails for communication purposes.

If you and/or other else on listed above would like emails please add the email address below

Email Addresses:	

Are you and/or anyone on your membership interested in volunteering with the Booster Club?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Game Day

<input type="checkbox"/>	Table Register: pre-game/1st & 2nd intermission
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Finance

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Audit

Planning

<input type="checkbox"/>	Events
<input type="checkbox"/>	Road Trips

For the Players

<input type="checkbox"/>	Secret Pals
<input type="checkbox"/>	Scrapbooks

Other

<input type="checkbox"/>	Calendar
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Committee Chair
<input type="checkbox"/>	Board member

Do you and/or anyone on your membership have a talent, skill or occupation you would like to share with the membership for networking or that would be of assistance to the club activities?

Please describe:	

Are you a season ticket holder?	Yes No	
If not, how many games do you plan to attend?		

The ESHBC Membership Committee provides this information to the members of ESHBC Board of Directors if requested and upon written request to the Everett Silvertips Team management. This information otherwise provided to other ESHBC Committee Chairpersons with the primary member's approval. If you don't want your name included, please check here.

Primary Members Signature: _____	Date: _____
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ALL members on this Membership will abide by the Constitution and By-Laws of the Booster Club.

Please notify ESHBC board of any changes to your membership form information

FOR EVERETT SILVERTIPS HOCKEY BOOSTER CLUB USE ONLY

July 1, 2019 - June 31, 2020						
DATE:		RECEIPT #:		MEMBERSHIP #:		
CREDIT CARD:		CHECK:	CASH:	REC'D BY:		
Notes:						

July 1, 2020 - June 31, 2021						
DATE:		RECEIPT #:		MEMBERSHIP #:		
CREDIT CARD:		CHECK:	CASH:	REC'D BY:		
Notes:						

July 1, 2021 - June 31, 2022						
DATE:		RECEIPT #:		MEMBERSHIP #:		
CREDIT CARD:		CHECK:	CASH:	REC'D BY:		
Notes:						

July 1, 2022 - June 31, 2023						
DATE:		RECEIPT #:		MEMBERSHIP #:		
CREDIT CARD:		CHECK:	CASH:	REC'D BY:		
Notes:						

July 1, 2023 - June 31, 2024						
DATE:		RECEIPT #:		MEMBERSHIP #:		
CREDIT CARD:		CHECK:	CASH:	REC'D BY:		
Notes:						