



# Rockford IceHogs Booster Club

MEMBERSHIP APPLICATION  
2009 - 2010 SEASON

Check only those that apply. Mail completed form and check to:  
Rockford IceHogs Booster Club  
P.O. Box 6172  
Rockford, IL 61125

For further information contact the Membership Committee or a member of the Board.

## MEMBERSHIP OPTIONS

- |   |   |
|---|---|
| <input type="checkbox"/> New Membership / Individual \$15 | <input type="checkbox"/> New Membership / Family \$25 |
| <input type="checkbox"/> Renewal / Individual \$15        | <input type="checkbox"/> Renewal / Family \$25        |

## COMMITTEES

- |  |   |
|--|---|
| <input type="checkbox"/> Welcome/Hospitality | <input type="checkbox"/> Property             |
| <input type="checkbox"/> Special Events      | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Fund Raising        | <input type="checkbox"/> PR/Communications    |
| <input type="checkbox"/> Election Committee  | <input type="checkbox"/> Game Night Table     |

(Member #1)	Date: _____
Name _____	Name _____
Birthday _____	Birthday _____
(Member #2)	

Children UNDER 18, in SAME household (include Birth Dates)

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
(Member #1) (Member #2)

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Profession \_\_\_\_\_ Referred By \_\_\_\_\_

I would like to be recommended to Club members/players for my profession.

## BOOSTER CLUB USE ONLY:

Paid by: Check/Cash Check # \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_

Membership packet \_\_\_\_\_ Membership Pins \_\_\_\_\_