

D.O.P.: \_\_\_\_\_

Votes: \_\_\_\_\_

# LABELLE LONGHORN BOOSTER CLUB

## 2009 Application for Membership

Please print legibly

Name(s): \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell : \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Type of Membership: Individual \$3.00      Family \$5.00      (Circle only one)

Booster Membership is not a requirement, but it is encouraged. Individual members who have paid dues are entitled to one vote at the following annual meeting to elect officers. Family members are entitled to a maximum of two such votes. (If one family member should be absent, a written proxy will be required in order for the family member present to vote twice.) A one year *active* booster club membership is require for any party desiring to serve on the board of directors of the LaBelle Longhorn Booster Club, Inc. **As always volunteers are most welcome in our organization.**

Signature #1: \_\_\_\_\_

Signature #2: \_\_\_\_\_

Membership fee paid date \_\_\_\_\_ **OR** Payment included as part of registration fee.