



Rockford IceHogs Booster Club

MEMBERSHIP APPLICATION
2016 - 2017 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 Chairperson or a Board Member.

MEMBERSHIP OPTIONS

- New Membership / Individual \$15
- New Membership / Family \$25
- Renewal / Individual \$15
- Renewal / Family \$25
- Rollover Membership (Joined after February 1, 2016)

Date: _____

Name _____
(Member #1)

Name _____
(Member #2)

Birthday _____

Birthday _____

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

Address _____ Apt # _____

City _____ State _____ Zip _____

Main Phone (____) _____ Alternate Phone (____) _____

E-mail Address: _____

E-mail Address: _____

Referred By (if applicable): _____

BOOSTER CLUB USE ONLY:

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

Membership packet _____ Membership Pins _____