**2019-2020 Omak Booster Club Membership Form** 

The purpose of the Omak Booster Club is to positively recognize the endeavors and achievements of teams and individual student athletes, while increasing community interest and supporting Omak Athletic Programs.

**Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Membership:**

**\_\_\_\_\_ Individual: $25.00-**Includes individual name on the Booster Club Membership Board

**\_\_\_\_\_Family or Couple:** **$40.00**-Includes family name on the Booster Club Membership Board

**\_\_\_\_\_ Business: $100 Level –** See back

**\_\_\_\_\_ Business: $250 Level –** See back

**\_\_\_\_\_ Business: $500 Level –** See back

Please submit this form along with payment to: Omak Booster Club, P.O. Box 3975, Omak, WA 98841

\*\*\*\*\*\*\*\*\*\*\*\*Please make checks payable to Omak Booster Club\*\*\*\*\*\*\*\*\*\*\*\*\*

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application form and for your interest in joining the Booster Club.

***All proceeds from your membership support the activities of the Omak Booster Club.***