

LOWELL DEVILS BOOSTER CLUB

2009 – 2010 Membership Application

Family ____ [\$ 25] Double ____ [\$ 20] Single ____ [\$ 15] Junior (under 18) ____ [\$ 5]

Primary Member:

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Alternate Email: _____

Second Member:

Name: _____ Date of Birth: ____/____/____

Work Phone: _____ Cell Phone: _____ Anniversary: ____/____/____

Family Members: (immediate family residing at the same mailing address)

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Information:

- Is this a new membership: ____ or renewal: ____
- Are you a Season Ticket Holder: ____ If so, what Section/Row: ____/____
- Are you Interested in volunteering: ____ Would you like to be contacted if interested: ____

Booster Club Information:

- Membership is from September 1, 2009 - August 31, 2010. You must renew your membership every year.
- Please make checks payable to "LDBC" and mail with completed application to:

Lowell Devils Booster Club
P.O. Box 1231
Lowell, MA 01853

- You may also submit a completed application with payment at any LDBC General Meeting or the LDBC Table at the Tsongas Arena during Lowell Devils home games.
- For information or meeting dates, please check: www.lowelldevilsbc.com or the Monthly Newsletter. For any questions or issues, contact the LDBC at the above address or by email: mail@lowelldevilsbc.com.
- The monthly newsletter and information to members are sent by email. If there is no email address listed, we will send your Newsletter by Postal Mail.
- By submitting this application, you agree to abide by the Bylaws and regulations set forth by the LDBC.

Booster Club Use Only:

Date: ____/____/____ Amount: _____ Check# or Cash: _____ Collected by: _____