

## Cleveland Hockey Booster Club

### MEMBERSHIP APPLICATION

Make all checks payable to "Cleveland Hockey Booster Club"

Return completed Application and Dues to:

Christine Uhrin / CHBC Acting Membership Chairperson

6828 Commonwealth Blvd

Parma Heights, OH 44130

Email Address: [chbcmembership@yahoo.com](mailto:chbcmembership@yahoo.com)



**Individual Membership: \$25.00** (includes individual 18 years of age and over)

**Family Membership: \$35.00** (includes parents, spouses, partners & children under 18 years of age\*)

Membership Type (Please check): Individual \_\_\_\_ Family \_\_\_\_ New Member \_\_\_\_ Renewal \_\_\_\_

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

Street Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ (Cell / Home/Work) (\_\_\_\_) \_\_\_\_\_ (Cell / Home /Work)

E-Mail Address: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ 18 or Over (Yes or No) \_\_\_\_\_

If Family Membership, please include the following member information:

Name	Birthdate (Month/Day)	18 or Over Y/N*	Email Address (Optional)

**\*If a family member (other than parent, spouse, or partner) is age 18 or over, an individual application and dues must be submitted.**

Do you or any family members (under 18) play organized hockey? Yes \_\_\_\_ No \_\_\_\_

If yes, please list: Name: \_\_\_\_\_ Age: \_\_\_\_ Team: \_\_\_\_\_ League: \_\_\_\_\_

Would you be willing to help with club activities/committees? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate which activities/committees are of interest to you (refer to the CHBC Constitution/By-Laws for committee details):

Scholarship		Fundraising		Events / Functions		Club Table	
Membership		Sunshine		Nominating		Volunteer as needed	

Club Newsletter Delivery Options (please indicate below which delivery option you prefer):

Please deliver via e-mail		I would like to have the newsletter delivered to my home, I have added \$5.00 to my dues to cover printing & postage.	
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### FOR CLUB USE ONLY

Date	Member # (s)	Individual/Family	New/Renewal	Payment Type	\$Amt.	Receipt#