

HAVOC BOOSTER CLUB
ICE HOCKEY SUPPORTERS OF NORTH ALABAMA, INC.
2008-2009 MEMBERSHIP APPLICATION



NAME: _____
STREET/MAILING ADDRESS: _____
CITY: _____ STATE: ____ ZIP CODE: _____
PHONE: HOME _____ CELL PHONE _____ WORK _____
EMAIL ADDRESSES: _____

FAMILY MEMBERSHIPS: Please list all names and ages.

Spouse/Adult: _____
Children (list ages): _____

How would you like to be notified for special event information? (Check all that apply)

Home Phone Cell phone Work phone email Don't contact me

What is the best time to call your home phone? _____

Your cell phone? _____ Your work phone? _____

May we call you at work? yes no

Please indicate which committee(s) you would like to participate on. The Chairperson of the committee will contact you when your membership is processed.

Social Home team meals Fund-raising Membership
 Road trip food for Players Telephone Apartment/Linen Closet
 Newsletter Call as needed Don't wish to participate

DUES: \$25.00 FOR FAMILY \$15.00 SINGLES

Mail checks and forms to: Havoc Booster Club: c/o Joanne Thurston, Treasurer, 257 Dove Hollow Drive, Meridianville, AL 35759

FOR BOOSTER CLUB USE ONLY:

Amount Received: \$ _____ Form of payment: Cash Check # _____
 Membership Packet Sent via mail or - Date Received at Game: _____