



Raiders Boosters of York, PA Membership Application raidrsboostersofyorkpa.org

Date _____

- Regular Member - Ages 21 and over - \$15
- Associate Member - Ages 18 to 20 - \$10
- Junior Member - Ages 17 and under - \$5

Name: _____
Last First M.I. D.O.B.

Address: _____
(no.) Street

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (Cell) _____

Emergency Contact: (Name) _____ (Phone) _____

Email address: _____

Your Email will only be used to send you important club notices

Were you a member last year? Yes No If yes, ID # _____

Make Checks Payable To: Raiders Boosters of York PA

If you would like a membership card and bylaws sent to you, check here

Mail To: Raiders Boosters of York, PA

CO: Pete O'Keefe 325 Apple Tree Lane Mount Wolf PA, 17347

Do Not Write Below This Line - Booster Club Use Only

Total \$ _____ Check # _____ Received _____

Membership # _____ Card? _____ By Laws? _____