



Membership



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

*Please email me newsletters

Do you have a student at West High?

YES NO

IF YES

CLASS OF: (CIRCLE ONE)

Student Name _____ Senior 2017 Junior 2018 Soph 2019 Fresh 2020

Student Name _____ 2017 2018 2019 2020

Student Name _____ 2017 2018 2019 2020

Choose your individual membership level:

Super Chief Chief Warrior Blackhawk Amount Paid
\$100 + \$75—\$9 \$50—\$74 \$25—\$49 \$ _____

Team Parent (List Sports) _____

Payment Options:

Check: (Please make checks payable to WA Sports Boosters.)

Credit Card: VISA MasterCard Other

Card # _____

Name as it appears on card _____

Expiration date _____

Security code (From back of card) _____

Signature _____

Billing Address _____

City, state, zip code _____

Mail this completed for with a check to:

West Aurora
Blackhawk Sports Boosters
2112 West Galena Blvd Suite 8-187
Aurora, IL 60506