



Membership Application 2024 – 2025 Season

“The purpose of the Bolts Booster Club shall be to encourage good sportsmanship among fans, build a local sense of community while welcoming players and their families as new residents, and promote interest in the sport of ice hockey in Evansville, Indiana, and the surrounding tri-state area.”

- Club Membership (18+ of age) - \$25.00/annually – Member receives one vote per paid member. **All members will be held to the Code of Conduct within the Bylaws of the Bolts Booster Club.**

Member Name*:

Home Phone*:

Cell Phone*:

Other Phone:

Email Address*:

DOB (Month/Date):

Mailing Address*:

City:

State:

Zip:

All members shall keep their annual fees paid, participate in the monthly meetings and work all fundraising events to stay in good standing with the Bolts Booster Club. Our success will be determined by our teamwork and dedication.

Your signature signifies that you will be active in the club fundraisers and work days. Also, that you have read the By-Laws and Code of Conduct of a Member and you understand that any violation of the By-Laws or Code of Conduct will result in removal from the Bolts Booster Club.

Member Signature*:

Date:

Complete this form, email to BoltBoosterClub@outlook.com and pay using Venmo or Card. You may also mail the completed form with a check or Money Order to: Bolts Booster Club, P.O. Box 6174, Evansville, IN 47719 or bring to the next Booster Club meeting. Cash, Venmo and Card will be accepted.



Do not write in this box

Date Received: _____

Received By: _____

Recorded by Treasurer – Date: _____ Initials: _____ Payment Method: _____