



# Greenville Swamp Rabbits Booster Association<sup>△</sup>

## MEMBERSHIP APPLICATION

Please complete the following application and return along with the appropriate membership fee to the Booster Club table or member. This can also be mailed to: Cheryl Cuthrell (President), 152 Kingsland Way, Piedmont, SC 29673. Cheryl's Cell Number is: 864-270-0907 if questions.

Type of Membership:

Visit us on the web at [www.gsrba.org](http://www.gsrba.org)

- New Membership
- Annual Renewal
- Family \$35/yr\*
- Individual \$25/yr\*\*

\*Includes you, your spouse & any unmarried children under the age of 23 or dependents residing at the same address)

\*\*Must be at least 18 years of age.

<sup>△</sup> a 501(c)3 non-profit organization

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthday mo/day \_\_\_\_\_

Spouse (if family membership) \_\_\_\_\_ Birthday mo/day \_\_\_\_\_

Please list children included in family membership: (only month/year of birth is required for children)

Name \_\_\_\_\_ Bday mo/yr \_\_\_\_\_ Name \_\_\_\_\_ Bday mo/yr \_\_\_\_\_

Name \_\_\_\_\_ Bday mo/yr \_\_\_\_\_ Name \_\_\_\_\_ Bday mo/yr \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Can you receive text messages? Yes No

Are you a season ticket holder? Yes No If yes, seat location \_\_\_\_\_

Do you use Facebook? Yes No Twitter? Yes No

How did you hear about us? \_\_\_\_\_ Referred by \_\_\_\_\_

By signing below, I hereby apply for membership, and agree to abide by the by-laws set forth by the Greenville Swamp Rabbits Booster Association (GSRBA)\*. I understand the benefits and obligations of membership and agree to actively support the club in its mission of positively promoting and supporting the Greenville Swamp Rabbits. I understand that I may terminate my membership at any time in writing however my membership fee is not refundable. \*(A copy of the by-laws can be obtained at [www.gsrba.org](http://www.gsrba.org) website, the Booster Club table on the concourse of the Bon Secours Wellness Arena during home games, or at any Member Meetings throughout the season.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

***This section to be filled out by the member processing this application***

Total Received \$ _____	cash	Venmo	check# _____
Received by _____		Date ____/____/____	

