

**Altoona Athletic Booster Club**  
**Membership Application**

Name(s): \_\_\_\_\_  
(Please print, clearly)

Address: \_\_\_\_\_

Email address(s): \_\_\_\_\_

\_\_\_\_\_

Home/Cell Phone(s): \_\_\_\_\_

Academic School Year: \_\_\_\_\_ Please Circle: Parent/Alumni/Staff

Athlete/Student's name, school (AIS/AMS/AHS,) grade level and year to graduate or year graduated: (ex. John Jones, HS, Soph, Class of '18. Or Bill Anderson class of 1996.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please list athletic teams your family/child(ren) participate in:

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Office use only.

Membership # (s): \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ /Cash: \_\_\_\_\_

Athletic season pass: Yes/No