## William Chrisman Booster Club Membership Form

Name:

Adduses
Address:
City:
State/Zip:
Phone:
Email:
Student(s):
Yr in School: Grad Yr:
Yr in School:Grad Yr:
Make Checks Payable to:
William Chrisman Booster Club
Mail to:
Wm. Chrisman Booster Club
1223 N Noland Road
Independence, Mo 64050
Attn: Membership
Blue Membership
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\$10.00 Individual Membership
\$15.00 Family Membership
Gold Membership

William Chrìsman Booster Club Business Membership Form

Address: City:	
State/Zip:	Letter 2
Phone:	356
Contact Name:	
Email:	

Make Checks Payable to:

William Chrisman Booster Club

Mail to: Wm. Chrisman Boo

Wm. Chrisman Booster Club 1223 N Noland Road Independence, Mo 64050 Attn: Booster Club Membership

Business Blue Membership \$50

Business Gold Membership \$200

Membership includes voting rights at Booster Club meetings

\_\_\_ \$25.00 Individual Membership \$30.00 Family Membership