



Greenville Swamp Rabbits Booster Association[△]

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

- 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.

△ 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 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 \$ _____ <input type="radio"/> cash <input type="radio"/> Venmo <input type="radio"/> check# _____
Received by _____ Date ____/____/____



venmo