



Booster Club Membership - 2010

Member: _____ Spouse/Partner: _____
 Mailing Address: _____ Home Phone: _____ Unlisted
 City/State/Zip: _____ Work Phone: _____
 Email: _____ * Pager / Cell: _____
 Additional Family Members: _____

(Please list full names of all persons included in this membership. Immediate family members only.)

*Email is our primary form of communication.

Type membership: ___ Family \$ 150.00 ___ Individual \$ 100.00 ___ Off Island \$ 50.00 ___ UHMVB Alumni \$ 50.00	Annual Dues \$ _____ Outright Donations: \$ _____ Total this application: \$ _____ Note: Dues and donations are 100% tax deductible
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Outright donations to support the UH Men's Volleyball program are greatly appreciated. **Members whose employer supports matching donations:** Please don't forget this valuable method of maximizing the value of your donations.

Please contact me about events and club news: Yes No

My seat numbers are: _____

I/we want to volunteer to help: Yes No

The area(s) I/we would like to volunteer for are:

- Banquet Newsletter Post-Game Meals Team Hosts

Any questions please contact : **Fred Parker**

Email: parkerfa@hawaii.rr.com

Telephone Number: 630-9304

Make checks or money orders payable to **UH Foundation–Men's Volleyball** and mail to:

UH Mens' Volleyball
Attn: Booster Club Membership
1337 Lower Campus Rd.
Honolulu, HI 96822

I/We agree to abide by all NCAA, UH and Booster Club rules and regulations governing club activities.

Signature: _____ Date: _____

Payment by Credit Card

Type Card: ___ AMEX ___ Diners Club ___ Master Card ___ Visa
 Account #: _____ Expires: _____ / _____
 Name as on card: _____ Amount: \$ _____
 Signature: _____ Date: _____