

Salem Red Sox Booster Club Membership Form

Mail completed form with your check to:
Salem Red Sox Booster Club
PO Box 1217, Salem, VA 24153

Please circle membership type: SINGLE (\$5) FAMILY (\$10)

Name _____

Names of additional family members _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail (please print clearly) _____

Please check the events that you would like to participate in or help organize.

Activity	Participate	Help Organize	Activity	Participate	Help Organize
Silent Auction			Open House		
Team Breakfast			Welcome Packs for Players		
Newsletter			Phone Tree		
Pot Luck Dinner			Other		