

Southern Maryland Blue Crabs Booster Club

Corporate Membership Application



Please Print Clearly Membership Application valid from November 1, 2009 through October 31, 2010

Application Information:

Application Type: <i>Check One</i>	<input type="checkbox"/> New Membership	<input type="checkbox"/> Renewal	<input type="checkbox"/> Gift	<input type="checkbox"/> Donation
Membership Type: <i>Check One</i>	<input type="checkbox"/> Corporate (\$500) <i>Must be 18 or older</i>			

Business Information:

Full Name:				Birth Month:	
Address:					
City:		State:		Zip Code:	
Home Phone:		Cell Phone:			
Email Address:					

Applicant Information:

Full Name:				Birth Month:	
Address:					
City:		State:		Zip Code:	
Home Phone:		Cell Phone:			
Email Address:					

Payment Method:

Amount Paid: \$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check <i>(returned checks subject to \$10 fee)</i>
Make checks payable to: "Southern Maryland Blue Crabs Baseball Booster Club" Mail payments to: PO Box 422 Port Tobacco, MD 20677		

Agreement:

Member or one of member's invitees, licensees, guests or visitors, and his/her family shall save and hold Southern Maryland Blue Crabs Baseball Booster Club (SMBCBC) harmless and indemnify Southern Maryland Blue Crabs Booster Club from any and all claims, loss, damage, liabilities, costs, accident, expense, or in connection with injury (including death) or damage to any person or property in any way resulting from or connected with any function sanctioned by the Southern Maryland Blue Crabs Baseball Booster Club. All applicants, by signing this agreement, also agree to abide by the by-laws and code of ethics of the Southern Maryland Blue Crabs Baseball Booster Club (SMBCBC).

Signed:	Date:
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For Club Use Only:

Amount Received:	Date Received:
Received by:	Cash/Check #: