

Chaparral Badminton Booster Club Membership

Individual Members:

Name: _____

Address: _____

City, State Zip _____

Phone Number: _____

On behalf of (Student): _____

Dollar Amount of Donation: _____
(\$50.00, \$100.00)

Business Members:

Business Name: _____

Address: _____

City, State Zip _____

Phone Number: _____

On behalf of (Student): _____

Dollar Amount of Donation: _____
(\$100.00, \$250.00, \$500.00)