



MEMBERSHIP REGISTRATION FORM

SCHOOL MEMBERSHIP (\$35.00)

SCHOOL	ATHLETIC DIRECTOR	SECRETARY
TELEPHONE NO.	ATHLETIC DIRECTOR'S E-MAIL	SECRETARY'S E-MAIL
STREET ADDRESS	CITY/STATE/ZIP	
VARSITY COACH'S NAME	VARSITY COACH'S E-MAIL ADDRESS	

INDIVIDUAL MEMBERSHIP (\$20.00)

NAME		PHONE	
STREET ADDRESS		CITY, STATE, ZIP	

THE CARINO BASKETBALL CLUB IS ALWAYS LOOKING FOR INDIVIDUALS INTERESTED IN HELPING OUT.
PLEASE INDICATE YOUR AREAS OF INTEREST BELOW:

- | | | | |
|---|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> AWARDS BANQUET | <input type="checkbox"/> AD BOOK | <input type="checkbox"/> HALL OF FAME | <input type="checkbox"/> SCHOLARSHIPS |
| <input type="checkbox"/> ALL-STAR GAMES | <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> HALL OF FAME BANQUET | <input type="checkbox"/> OTHER |

COMPLETE AND RETURN TO: JASON LEWER / TREASURER
ALBERT CARINO BOYS BASKETBALL CLUB OF SOUTH JERSEY
1629 OAK AVENUE
HADDON HEIGHTS, NJ 08035

METHOD OF PAYMENT

<input type="checkbox"/>	CASH	AMOUNT ENCLOSED	
<input type="checkbox"/>	INVOICE		
<input type="checkbox"/>	CHECK	AMOUNT ENCLOSED	
<input type="checkbox"/>	CREDIT CARD	CREDIT CARD NUMBER	EXP. DATE CODE AMOUNT