

Annual Membership Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Membership Level

Please Check One:

BOOSTER LEVEL
\$25.00

BENEFACTOR LEVEL
\$100.00 OR MORE

PATRON LEVEL
\$50.00

OTHER
\$ _____

Child's Name and Graduation Year:

Athletic Activities Participating In:

1.	
2.	
3.	
4.	
5.	

The Athletic Association is involved with all athletic activities at St. Joseph High School.
Parental Support is always needed and welcome!

*ARE YOU INTERESTED IN VOLUNTEERING YOUR TIME DURING THESE EVENTS? YES ____ NO ____

*IS THERE ANY PARTICULAR ATHLETIC ACTIVITY YOU WOULD CONSIDER HELPING US WITH?

Make Your Check Payable to: St. Joseph Athletic Association

PLEASE RETURN THIS APPLICATION TO:
*Jim Olayos, Athletic Director
C/O St. Joseph High School
2320 Huntington Turnpike, Trumbull, CT 06611*