

Arlington Eagles Athletic Booster Club

2024-2025 Family Memberships



Family Name(s): _____

Contact Cell Phone: _____ Email Address: _____

SELECT FAMILY MEMBERSHIP LEVEL:

_____ **GOLD Membership** - \$100+ Donation -- You will receive 3 chances to win \$100 worth of Booster Club Merchandise.

_____ **MAROON Membership** - \$75 Donation -- You will receive 2 chances to win \$100 worth of Booster Club Merchandise.

_____ **WHITE Membership** - \$50 Donation – You will receive 1 chance to win \$100 worth of Booster Club Merchandise.

SELECT THE FOLLOWING OPTION(S):

_____ I would be willing to volunteer to help at Booster Club Events this school year.

_____ If a position on the Booster Club Board becomes available, I would be interested in serving.

_____ I am proud to be a member, however I am not interested in serving with in the Booster Club this year.

_____ I understand that my name and membership level will be listed on the athletic programs, but I wish to remain an anonymous member/ donor.

SELECT YOUR PAYMENT METHOD:

_____ **Check** (Mailed to Arlington Athletic Booster Club, P.O. Box 485, Arlington, NE 68002)

Arlington Booster Club
@Arlington-BoosterClub



_____ **Venmo**

Please type "Family Membership" in the Venmo Memo.