

SBCC Competition Membership Application Form for (20__)

Team Name: _____

Email Address: _____



Last Name: _____ First Name: _____ MI: _____ DOB: ____/____/____
month day year

Address: _____ CITY: _____ STATE: _____ ZIP: _____

SSN: _____ (REQUIRED IF receiving cash or prizes) DAYTIME PH: (____) - _____ - _____

EVENING PH: (____) - _____ - _____ CELL PH: (____) - _____ - _____

FAMILY MEMBERS

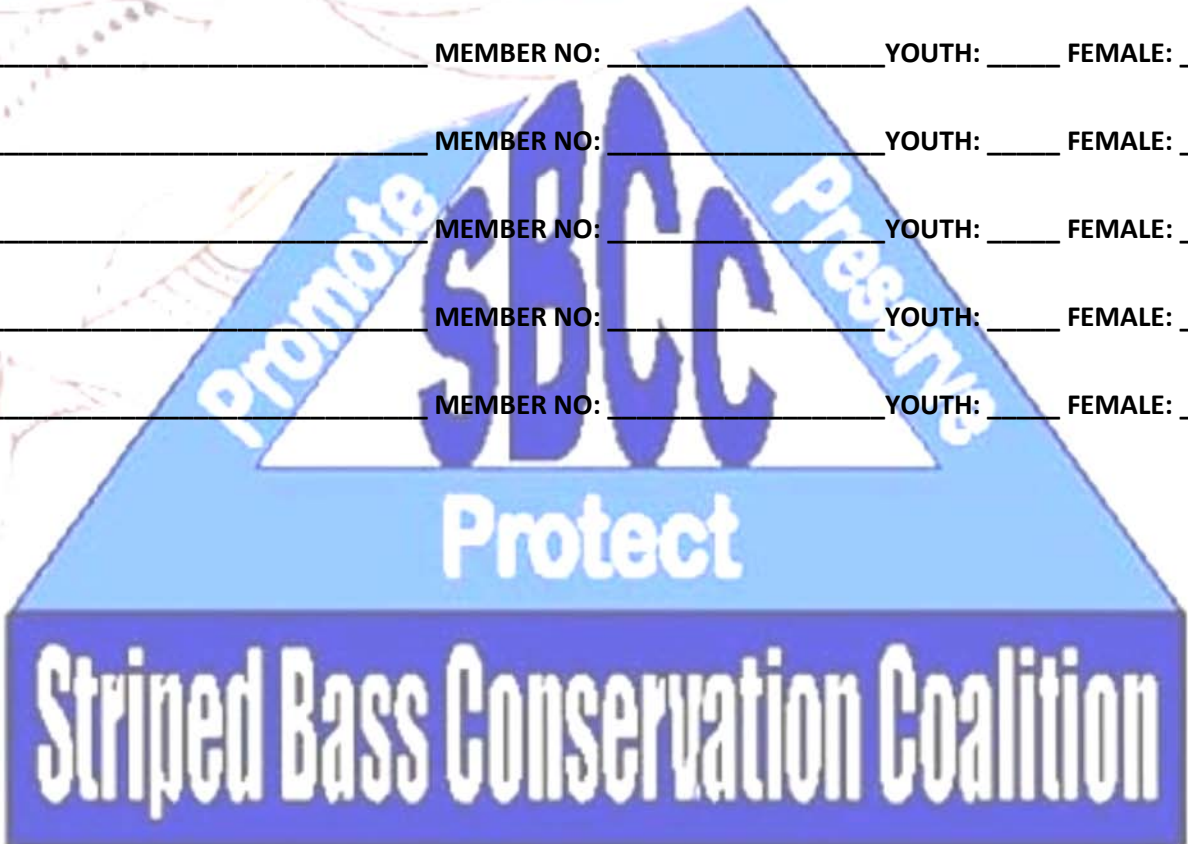
NAME: _____ MEMBER NO: _____ YOUTH: _____ FEMALE: _____

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NAME: _____ MEMBER NO: _____ YOUTH: _____ FEMALE: _____



TOTAL AMOUNT ENCLOSED \$ _____

SBCC Member # _____

Payment Type: ___ CASH/CHECK: (Ck #: _____)

VISA: _____

M/C: _____

AMEX: _____

Exp: ____/____/____ CODE: _____

Payment by credit Card includes a \$5 processing fee to cover banking costs

\$40/year Family Membership (\$10 discount to Striper Club members)