

2019-20 Concordia Athletic Booster Club Membership Form

***Please write your names as you wish for them to appear
in the Sports Program Book.**

Name: _____

Address: _____

Phone # () _____ **Zip Code:** _____

Cell Phone # () _____

E-Mail Address: _____

**Please check the level of membership you wish.
(Make checks payable to CAB)**

_____ **Booster Level (\$30/year)**

_____ **Cadet Level (\$50/year)**

_____ **Maroon and White Level (\$100/year)**

_____ **Gold Level (\$300 or more/year)**