



Belmont Athletics Foundation Family Membership Application

Please return the application to the mailing address or email address below.

Name(s): _____
*Example: John Doe or John & Jane Doe for Family Recognition

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____

Email: _____

Membership Level

_____ Cardinal Level _____ Junior Varsity Level _____ Varsity Level
\$10 Per Month \$20 Per Month \$30 Per Month

_____ All American Level _____ Most Valuable Player Level _____ Hall of Fame Level
\$40 Per Month \$50 Per Month \$75 Per Month

Pay Annual Amount in Full Via Check- 10% Discount

Pay Amount in Full Via Bank Draft- 10% Discount

Draft Bank Account Below Monthly

Checking Account # _____ Routing # _____

Bank _____

I authorize Belmont Athletics Foundation to deduct the monthly/annual amount of \$_____ in support of Belmont Athletics starting on June 15, 2023 and will continue to auto-renew annually unless notified in writing by sending an email to belmontathleticsfoundation@gmail.com or by sending in writing to Belmont Athletics Foundation P.O. Box 1073 Belmont, MS 38827. Annual renewal reminders will be sent out via email each year. I understand that funds raised will be used at the discretion of Belmont Athletics Foundation Board of Directors in cooperation with Belmont High School.

Print Name: _____ Signature: _____

Date: _____