



## ***Belmont Athletics Foundation Business Membership Application***

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Membership Level**

_____ <b>Cardinal Level</b>	_____ <b>Varsity Level</b>	_____ <b>All American Level</b>
\$25 Per Month	\$50 Per Month	\$100 Per Month
\$300 Per Year	\$600 Per Year	\$1,200 Per Year
_____ <b>Most Valuable Player Level</b>	_____ <b>Hall of Fame Level</b>	_____ <b>Legend Level</b>
\$150 Per Month	\$200 Per Month	\$420 Per Month
\$1,800 Per Year	\$2,400 Per Year	\$5,000 Per Year

☐ Pay Amount in Full Via Check- 10% Discount

☐ Draft Bank Account Below Monthly

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Bank \_\_\_\_\_

Bank Draft Members- I authorize Belmont Athletics Foundation to deduct the monthly/annual amount of \$\_\_\_\_\_ in support of Belmont Athletics starting on June 15, 2025 and will continue to auto-renew annually unless notified in writing by sending an email to [ElevateBTown@BelmontAthleticsFoundation.com](mailto:ElevateBTown@BelmontAthleticsFoundation.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: \_\_\_\_\_