



Angels Booster Club Membership Application

\$30. Membership • \$20. Each additional Adult • \$5. Each child under 17

Membership Pricing is based on Membership at the Same Mailing Address.

Individuals under the age of 18 must be included as members of the household and must be supervised by a parent or consenting adult to participate in any / all Angels Booster Club activities.

\$15 Out of State/Country Membership per Household • Please mail this application, along with a stamped, self-addressed envelope. We will rush your membership card to you.

Please PRINT **Names** (* indicates Required Info) **Birthdate** **Wedding Date**

* Name 1 _____ month&day _____ month&day _____

* Name 2 _____ month&day _____ month&day _____

* Name 3 _____ month&day _____ month&day _____

* Name 4 _____ month&day _____ month&day _____

If additional names, please list on reverse

* Address _____ * Phone _____

* City _____ * State _____ * Zip _____

Email Address _____ Season Ticket Holder ? Yes _____ No _____
will be used for booster club business only - your privacy is protected

Recruited By _____ Recruited at (Ballpark, Fair, etc) _____

ANGELS BOOSTER CLUB INC. RELEASE AGREEMENT WAIVER

I, as a member of the Angels Booster Club, Inc., (hereafter referred to as ABC) agree as follows: ABC, is a nonprofit corporation organized for the mutual enjoyment of its members in supporting the Angels Baseball Club.

1. ABC's activities include group transportation to/from baseball games, meetings, picnics, and other events. At these events ABC may serve food and engage in group activities of various type.
2. I understand that the activities of ABC, would not be possible if the organization were to accept responsibility for injury to its members or losses its members might incur while participating in group activities, eating, travel or otherwise.
3. Therefore, I agree to waive any claims that I now have, or ever may have, arising from my participation in ABC, and to release and hold harmless ABC, together with its officers and directors, from any liability whatsoever for any injury or damage that I may sustain as a result of participating in events sponsored by ABC.
4. This agreement shall bind and apply to the benefit of my heirs, representatives, or estate and to the successors of ABC.
5. The Angels Booster Club, Inc. (ABC) reserves the right to refuse membership at it's discretion.

* Member, Angels Booster club _____ * Date _____

* Member, Angels Booster club _____ * Date _____

* Member, Angels Booster club _____ * Date _____

* Member, Angels Booster club _____ * Date _____

Additional members please sign on reverse

* Month of signing _____ * Amount Paid _____ * Payment Method: Cash _____ Check _____
member anniversary date

Mail Application to: Angels Booster Club, Inc • P.O. Box 4787 • Anaheim CA 92803, Attn: Membership, OR bring to any meeting. Enclose or bring a stamped, self addressed envelope for return of your membership card • © 2014, all rights reserved