



**2018 -2019 Lehigh Valley Phantoms Phan Club
Membership Application**
PO Box 3572, Allentown PA 18016

List	
Email	
Website	

Website: <https://phannation.org>

Email: phantomsphannation@gmail.com

Membership runs from October 1 through September 30 each year.

As a member of the LVPPC, I agree to comply with and adhere to all By-Laws and regulations set forth by the club.

Please fill out in full

<p><i>Circle one membership option:</i></p> <p>Individual \$15/year</p> <p>Family (Max of 4) \$25/year</p> <p>Youth (under 18) \$10/Year</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>Email: _____</p> <p>Birthday: _____</p> <p>Membership Signature: _____</p>
<p><i>Circle activities you would like to help with:</i></p> <p>Fundraising Tables</p> <p>Charities By-Laws</p> <p>Hospitality</p>	

IF THIS IS A FAMILY MEMBERSHIP, PLEASE LIST ALL FAMILY MEMBERS HERE

*Family Memberships are no more than 4 members of the same immediate family at the **same address.**

Name	Birthday	Email Address

Amount Received: _____	Date Received: _____
Cash / Check #: _____	Received By: _____
Membership # _____	