

MEMBERSHIP APPLICATION

Judson Athletic Club



Name (s): _____

(as you want it to appear in recognition)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Cell Phone: _____

Business Phone: _____

E-Mail Address: _____

Judson Class of _____ Varsity Letter (s) in: _____

COMMITMENT INFORMATION

Please indicate your membership level. Gift Amount \$ _____

Please indicate your gift designation

- | | |
|--|---|
| <input type="checkbox"/> General Athletics | <input type="checkbox"/> Men's Basketball |
| <input type="checkbox"/> Women's Soccer | <input type="checkbox"/> Women's Basketball |
| <input type="checkbox"/> Men's Soccer | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cheerleading/Poms |
| <input type="checkbox"/> Golf | |
| <input type="checkbox"/> Tennis | |

PAYMENT INFORMATION

Check enclosed for \$ _____, payable to Judson University

Please bill my credit card for \$ _____

Visa Discover Mastercard

Account # : _____

3-digit Security Code: _____ Expiration Date: _____

Signature: _____

My/my spouse's employer will match my gift by \$ _____

Please enclose your employer's matching gift form.

Employer: _____

SEND TO:

Please send your membership form and payment to

Judson Athletic Club
1151 N. State St.
Elgin, IL 60123

PURPOSE

PROMOTE

to promote the level of interest in Eagle athletics among the various constituents of the University.

ASSIST

to assist the athletic department in providing an outstanding, holistic experience for our students, one which empowers them to be excellent servant leaders in the home, the Church, and in the community.

ENHANCE

to further enhance the mission and reputation of Judson University through the endeavors of the athletic department

RAISE FUNDS

to raise funds for the operational budget of Judson Athletics

JUDSON ATHLETIC CLUB

