



## MEMBERSHIP REGISTRATION

Date: \_\_\_\_\_

Grandparent's Name: \_\_\_\_\_  
\_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Would you like to be notified of upcoming Club events by:

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_; E-mail \_\_\_\_\_; Other \_\_\_\_\_

Grandkids Attending St. Benilde School:

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

Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANNUAL DUES: \$15 PER FAMILY OR INDIVIDUAL

PAID: \_\_\_\_\_

(IF PAYING BY CHECK PLEASE MAKE PAYABLE TO "SBS GRANPARENTS CLUB" AND DROPOFF AT SCHOOL OFFICE OR PARISH OFFICE.)