



## 2018-2019 MEMBERSHIP REGISTRATION

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

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

I prefer to receive information from the Club by: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Grandchildren Attending St. Benilde School:

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

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

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

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

ANNUAL DUES: \$20 Per Person

(Please make checks payable to: SBS Grandparents Club)

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For Club Use Only

AMOUNT PAID: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_