

MEMBERSHIP SIGN-UP

Name: _____
(Last) (First) (Date of Birth)

Other Family Members: _____
(Date of Birth)

(Date of Birth)

(Date of Birth)

(Immediate family members must be listed on this form in order to be "club members" and be invited to club events)

Address: _____
(street) (city) (state) (zip)

Email Address: _____

Cell Number: _____

T-shirt size (adult sizes): _____

Check Payable to: "UNC Charlotte Athletic Foundation"
Mail Check and Form to: Women's Basketball
Attn: Eric McCombs
9201 University City Blvd
Charlotte, NC 28223

We will provide a confirmation email once your form has been received and processed. Please return form and payment to Eric.

This is a YEARLY Membership!