



Membership Chair
Madison West Athletic Booster Club (MWABA)
P.O. Box 5461
Madison, WI 53705-5461

www.MWABA.org
contactMWABA@gmail.com

Madison West Athletic Booster Club Membership Form 2019-2020

Please check one:

Member Renewal

New Membership

Date: ___/___/___

Parent/Guardian Name(s) first and last for both: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Please include last names for children if different from parent(s):

*By providing the sport(s) your student athlete plans to participate in you will get placed on the appropriate email lists and get information regarding tryouts, practice start dates, etc.

Child's Name: _____ Grad Year: _____ Sport(s): _____

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Membership Levels

Note: The membership year begins on 7/1 and ends on 6/30

Individual - \$50

Maize & Blue - \$75

Regent - \$100

Lion - \$150

Reggie - \$250 (includes West Flag)

Other (specify \$_____)

I/my business would like to sponsor:

Rally 4 Regents (March 2020)

Regent Open (June 2020)

Year-Long Sponsor

(you will be contacted separately with details on these events)

Total Enclosed: \$ _____ Cash CC Check # _____

Checks should be made payable to **MWABA** and sent with membership form to:

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MWABA is a 501(c)(3) organization. Your membership donation is tax deductible.