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101 West Main Street, Pensacola, Florida 32502



MEMBERSHIP APPLICATION

First name: _____ Last name: _____

Company name: _____

Address: _____ Suit or Apt.: _____

City: _____ State: _____ Zip/Postal Code: _____

E-Mail: _____ Day Telephone: _____

Select Your Membership Type/Level:

Individual Membership

All-Star (\$200/yr)

MVP (\$150/yr)

Captain (\$100/yr)

Fan Club (\$50/yr)

Corporate Involvement

Championship (\$2000)

All Star (\$1500)

All Conference (\$550)

Club (\$350)

Other (Amount: _____)

Endowments & Foundation Giving

Amount: _____

Sign me up for Pensacola Sports newsletter

Payment Option:

Check Enclosed: Please make checks payable to **Pensacola Sports** or **Pensacola Sports Foundation**.

OR

Credit Card: Please fill out below.

Card Number: _____

Card type: Visa MasterCard AMEX Discover

Expiration date: ____/____ (MM/YY)

CVV: _____

Billing information: _____ **SAME AS ABOVE**

Name on card: _____

Address: _____

Suit or Apt.: _____

City: _____

State: _____ Zip/Postal Code: _____

Receipt? Yes No

