

# Milwaukee Boxer Club Membership Application



**Applicant Name:**

\_\_\_\_\_

**Applicant Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Contact Info:**

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

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Why I want to join:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sponsor 1:** \_\_\_\_\_

**Sponsor 2:** \_\_\_\_\_

\_\_\_ **Full Member (\$20)**

\_\_\_ **Family (\$25)**

\_\_\_ **Associate (\$10)**