

Membership Form

\$20 PER FAMILY / HOUSEHOLD



<input type="checkbox"/>	New Membership
<input type="checkbox"/>	Renewal Membership
<input type="checkbox"/>	Address Change <i>(if different from previous membership)</i>
<input type="checkbox"/>	Phone Number Change <i>(if different from previous membership)</i>
<input type="checkbox"/>	E-Mail Address Change <i>(if different from previous membership)</i>

(SELECT ALL THAT APPLY)

Catbacker Membership Goals:

Promote KSU Athletics & Activities in the Greater Topeka Area
Contribute Annually to the Ahearn Scholarship Fund

July 1 to June 30 Membership Dues & Benefits:

Quarterly Catbacker Newsletter
Discounts on selected Catbacker Events

PRINT FORM / PLEASE PRINT CLEARLY

(FOLD HERE)

Full Name: _____ Date: _____

Name of Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Employer: _____ Work Phone: (_____) _____ - _____

Primary E-mail Address: _____

Alternate E-mail Address: _____

Year Graduated From KSU: _____ KSU Alumni Member: YES / NO

Are You A Season Ticket Holder For KSU Athletics? YES / NO

Are You A Donor To The Mike Ahearn Scholarship Fund? YES / NO

Who referred you to the Topeka Area Catbackers? _____

(FOLD HERE)

I'M INTERESTED IN VOLUNTEERING FOR FUTURE TOPEKA AREA CATBACKER EVENTS

<input type="checkbox"/>	Summer Family Bar-B-Que	<input type="checkbox"/>	Event / Planning Committees
<input type="checkbox"/>	Annual Golf Tournament	<input type="checkbox"/>	Leadership / Board Member

Make Checks Payable To: **Kansas State Catbackers Inc.**

Mail Form & Check To: **Topeka Area Catbackers
c/o Membership Committee
P.O. Box 4767
Topeka, Kansas 66604**

www.topekaareacatbackers.com

Questions? Call **Tim Kolling (785) 817-7296**

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