

STOCKTON UNITED SOCCER CLUB
P.O. BOX 7093, Stockton, CA 95267

MEMBERSHIP APPLICATION

GENERAL INFORMATION:

Name: _____ Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

Spouse's Name: _____ Date of Birth: _____

SOCCER INTERESTS:

| | Self | Spouse |
|----------------------|-------|--------|
| Coed Play | _____ | _____ |
| Women/Men's Play | _____ | _____ |
| Tournaments | _____ | _____ |
| Wanderpokal | _____ | _____ |
| Annual Winter Dance | _____ | _____ |
| Annual Summer Picnic | _____ | _____ |

Other, please describe: _____

MEMBERSHIP:

Individual: \$30.00 annually Family: \$45.00 annually -(Maximum two persons)
Annual dues must be included with Application. Dues are for the period of Jan. thru Dec.

Amount Paid: _____ Date: _____ Check Cash

Manager: _____ Team: _____

REFERENCES:

Name _____ Phone _____
(*May be referred by non-club member)

SPONSOR:

Club Member Name _____
(Must have signature of sponsor)

Applicant further agrees to abide by the By-laws of the Club and any Clubhouse rules. Applicant agrees to hold Club and its officers harmless for any injuries received while playing soccer at any Club sponsored function.

Applicant's Signature _____ at Stockton, CA. Date _____