

**FULLERTON MEMORIAL PLAYGROUND ATHLETIC ASSOCIATION
PO Box 66, 901 JEFFERSON ST.
WHITEHALL, PA 18052**

MEMBERSHIP FORM

New Renewal Year _____ Date _____ Cash Check

Member Information

Last Name: _____ First Name: _____

Mailing Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Where Can You Help?

- | | | | |
|---|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Carnival | <input type="checkbox"/> General Repairs | <input type="checkbox"/> Football |
| <input type="checkbox"/> Buildings & Grounds | <input type="checkbox"/> Planning | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Cheering |
| <input type="checkbox"/> Coaching / Assistant | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Electrical | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Newsletter | <input type="checkbox"/> HVAC | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Painting | | |

Athletes Information

Child 1	Last Name: _____	First Name: _____	<input type="checkbox"/> Football	<input type="checkbox"/> Cheering
	Birth Date: _____	Curr Age: _____	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball
Child 2	Last Name: _____	First Name: _____	<input type="checkbox"/> Football	<input type="checkbox"/> Cheering
	Birth Date: _____	Curr Age: _____	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball
Child 3	Last Name: _____	First Name: _____	<input type="checkbox"/> Football	<input type="checkbox"/> Cheering
	Birth Date: _____	Curr Age: _____	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball