

Membership Form

\$25 per Individual / Family



(select all that apply)

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

KANSAS CITY CATBACKERS MEMBERSHIP GOALS:

- Promote K-State Athletics and Activities in the Kansas City Metro Area
- Contribute annually to the Ahearn Fund and the Kansas City Catbackers Endowed Athletic Scholarship

ANNUAL MEMBERSHIP BENEFITS:

- Email notices of upcoming events
- Membership card with discounts to Kansas City area businesses
- Newsletter

Please Print Clearly

Full Name: _____ Date: _____

Name of Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Primary E-Mail Address: _____

Alternate E-Mail Address: _____

Attended K-State: Yes No Year Graduated: _____ Alumni Association Member: Yes No

Donor to the Ahearn Fund: Yes No Season Ticket Holder for K-State Athletics: Yes No

How did you hear about us: Alumni Association Email Facebook Twitter Website Other _____

I'm interested in volunteering for future Kansas City Catbackers events

<input type="checkbox"/>	Event / Planning Committees
<input type="checkbox"/>	Watch Parties

<input type="checkbox"/>	Leadership / Board Member
<input type="checkbox"/>	Young Alumni Events

Payment Method: Cash Check Credit Card

Make Check Payable to: Kansas City Catbackers

Mail Form and Payment to: Kansas City Catbackers, Inc.
10312 Mohawk
Leawood, KS 66206

Please complete if paying by credit card:

Visa MasterCard Amex Discover

Name on Card: _____

Credit Card #: _____

Exp. Date: _____

Signature: _____

TREASURER:
Date Received: ____/____/____
Deposit/CC Charge: ____/____/____
Initial: _____

www.kccatbackers.com
Questions? Contact Tom Anguiano
785-317-5656
tanguiano@kccatbackers.com

MEMBERSHIP:
Member ID Number: _____
Membership Card Mailed: ____/____/____
Initial: _____