



Membership Registration Form

Today's Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime phone: (____) _____ Evening phone: (____) _____
Email: _____ Birth Date (month, day): _____

I would like to help:

- _____ organize/plan/help at events.
_____ help at table during intermissions.
_____ help at events where the players/staff are attending.

Dues:

\$ 15 – single membership

\$ 30 – family membership (spouse, mother, father, sister, brother, son or daughter)

Dues paid: (circle one) \$15 \$30

Memberships expire September 30.

Please list names of family members for family membership:

Name:	Relationship:	Birth date (month/day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return to:

fax: 662.342.1156
email: whitley@riverkings.com

or mail:

Mississippi RiverKings – RKWAC
4560 Venture Drive
Southaven, MS 38671