



FOSTER FFA HIGH SCHOOL



BOOSTER CLUB MEMBERSHIP APPLICATION

*** The mission of the Booster Club is to support our FFA students, provide scholarships, and promote community awareness***

Parent Name: _____

Parent Name: _____

Parent Email: _____

Parent Email: _____

Parent Cell: _____

Parent Cell: _____

May we contact you via cell: yes no

May we contact you via cell: yes no

Mailing Address: _____

Student(s) in FFA:

_____ Graduation Year: _____

_____ Graduation Year: _____

_____ Graduation Year: _____

Membership Options:

_____ Active Family Membership(\$20/year) \$ _____

_____ Supporting Membership(any amount) \$ _____

I/We would be interested in helping with:

- _____ Booster Club Officer
- _____ Scholarship Committee
- _____ Clay Shoot

- _____ Grade Level Chairman
- _____ Progress Shows
- _____ Other Fundraiser(s)

For Office Use Only:

Amount: _____ Date: _____
cash ck# _____ other _____

Points Earned: _____

Family joins Booster Club:

1st semester students
(@banquet-40pts, Sept-30pts, Oct-20pts, Nov-10pts)
2nd semester students
(Jan-30pts, Feb-20pts, Mar-10pts)