

# Pathfinder Booster Club

## MEMBERSHIP FORM

Name / Family Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

zip \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

(Please make checks payable to Pathfinder Booster Club.  
Forms can be mailed to address below or dropped off at the  
school)

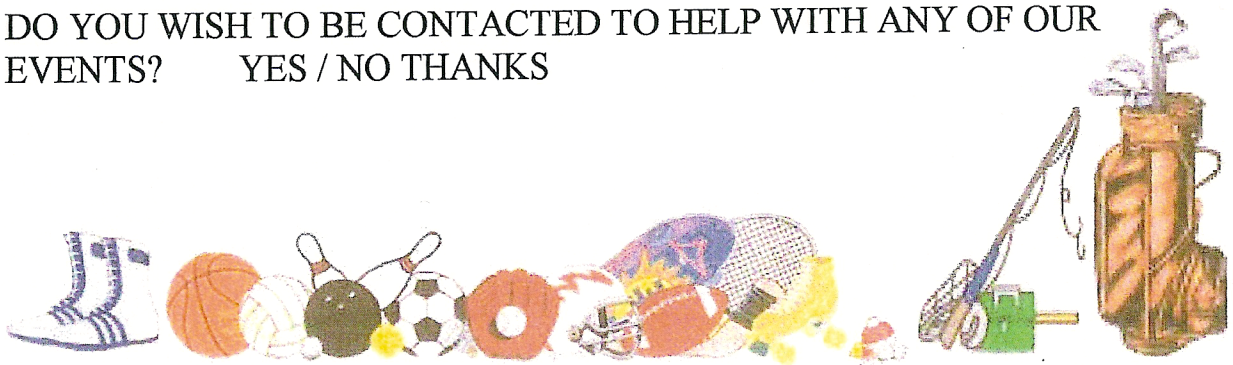
Type of membership:

\$10.00 Single

\$25.00 Family (up to 4 names)

\$50.00 Gold (up to 4 names)

DO YOU WISH TO BE CONTACTED TO HELP WITH ANY OF OUR  
EVENTS? YES / NO THANKS



P.O. Box 102 Three Rivers, Massachusetts 01080