

Membership Document  
Trenton Park Boosters  
(Donation)

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Annual Membership: (check box that applies)

Individual \$25.00       Business \$100.00       Organization \$50.00

Life Time Membership \$500.00

I would like to be a Trenton Park Boosters Supporter:

Donation for future projects \$ \_\_\_\_\_

Donation to Trenton Park Booster Endowment Fund \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Trenton Park Boosters  
P.O. Box 62  
Trenton, IL 62293