

Membership Document
Trenton Park Boosters

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