

NHSB MEMBERSHIP FORM



YEAR _____ CHEERLEADER _____

PARENT(S) _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ MOM CELL _____

DAD CELL _____ CHEERLEADER CELL _____

EMAIL ADDRESS _____

ADDITIONAL EMAIL _____

\$30 ANNUAL MEMBERSHIP FEE PER FAMILY

MADE PAYABLE TO: NHSB CHEER

Date membership received: _____

Check No. _____ Amount _____