



2009 - 2010 Season Membership Application

Please print clearly or type

Team Member #1

Team Member #2

Name:	Name:
Mailing Address:	Mailing Address:
City: ST: Zip:	City: ST: Zip:
Home Phone #: ()	Home Phone #: ()
Cell Phone #: ()	Cell Phone #: ()
Email Address:	Email Address:

Check the box or boxes that apply to your Membership

\$40.00 per Member (per season)

Make check(s) or money order(s) payable to: **GA Slab Masters**

Mail this application and payment to: **GA Slab Masters, 2213 Macy Ave, Perry, GA 31069**

Total Amount Enclosed: \$ _____

x _____
Team Member #1 Signature

x _____
Team Member #2 Signature

By signing, you agree and acknowledge to be a Member of GA Slab Masters Tournament Trail, to abide by the rules and requirements set forth by GA Slab Masters Tournament Trail, and further state that you have read and understand the requirements for the Tournaments, Team Points Race, and GA Championship Classic.

RECEIPT

(Receipt will be mailed back to Member(s) if Membership Application is received by mail)

Team or Member Name: _____

Check/Money Order #: _____

Date Received: _____

Amount Paid: \$ _____

Membership Fee Paid

