



NEW YORK BLUES
Membership Application Form
Season 2009/2010

Name: _____

Address: _____

Home Phone: _____ **Mobile:** _____

Email: _____

Date of Birth: _____



Please register me as a member of the New York Blues for the 2009/10 season (\$10).



Please register my family as members of the New York Blues for the 2009/10 season (\$20). Please include date of birth for all family members.

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Player of the Year for 2008/2009: _____

Signature: _____ **Date:** _____

Please make cheque's payable to the New York Blues and send to:

Michael Neat
P.O. Box 350-833
Brooklyn, NY 11235