



# FLORIDA PANTHERS BOOSTER CLUB APPLICATION FOR MEMBERSHIP

Only one (1) name per application unless a FAMILY membership  
Membership expires September 30.

**Season** \_\_\_\_\_

Application Date: \_\_\_\_\_

Dues: Adults: \$20.00 each \_\_\_\_\_ Family: \$15.00 each \_\_\_\_\_ Out of State: \$10.00 each \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_  
Last First M.I. Month Day

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Email address** for Newsletter and other communications: \_\_\_\_\_

If this is a FAMILY membership, please list names, birth dates and email addresses if they wish to also receive communications from the club.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_  
Month Day Optional

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_  
Month Day Optional

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_  
Month Day Optional

1. Were you a FLPBC member during the 2013-2014 or 2015-2016 seasons? YES  NO

2. Are you a SEASON TICKET HOLDER? YES  NO   
Section \_\_\_\_\_ Row \_\_\_\_\_ Seat/s \_\_\_\_\_

**PLEASE NOTE: MEMBERSHIP APPLICATION IS NOT VALID WITHOUT PAYMENT.**

**RETURN THIS APPLICATION WITH THE  
APPROPRIATE DUES TO:**

FLORIDA PANTHERS BOOSTER CLUB  
ATTN: FRAN ROBERT  
PO BOX 772236  
CORAL SPRINGS, FL 33077-1797

PAID DATE: \_\_\_\_\_

PAID AMOUNT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_