

2019-20 LEHIGH WRESTLING CLUB MEMBERSHIP APPLICATION / RENEWAL

Primary Member Name: _____

List Spouse/Other Family Members: _____

_____ ; _____ ; _____ ; _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-mail Address _____

☐ Please check if you do not have access to email

CLUB MEMBERSHIP

☐ Lehigh Student (free) ☐ Dues – Individual (\$35.00)
recommended → ☐ Dues – Family (\$45.00) (includes ALL Household Members)

**Tax Deductible Donation to Athletics Partnership
Wrestling Restricted (\$ above dues)**

☐ \$25.00 ☐ \$50.00
☐ \$100.00 ☐ \$200.00
☐ \$500.00 ☐ Other _____

Does your company match funds? ☐ Yes ☐ No

Total enclosed (dues and donation): \$ _____

*Lehigh Wrestling Club, c/o 1019 Stone Stack Drive, Bethlehem, PA 18015
OR visit <http://www.lehighwrestling.com/> and pay with credit card.*

Join The Lehigh Wrestling Club



2019-20 Wrestling Season

www.LehighWrestling.com