2018-19 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)

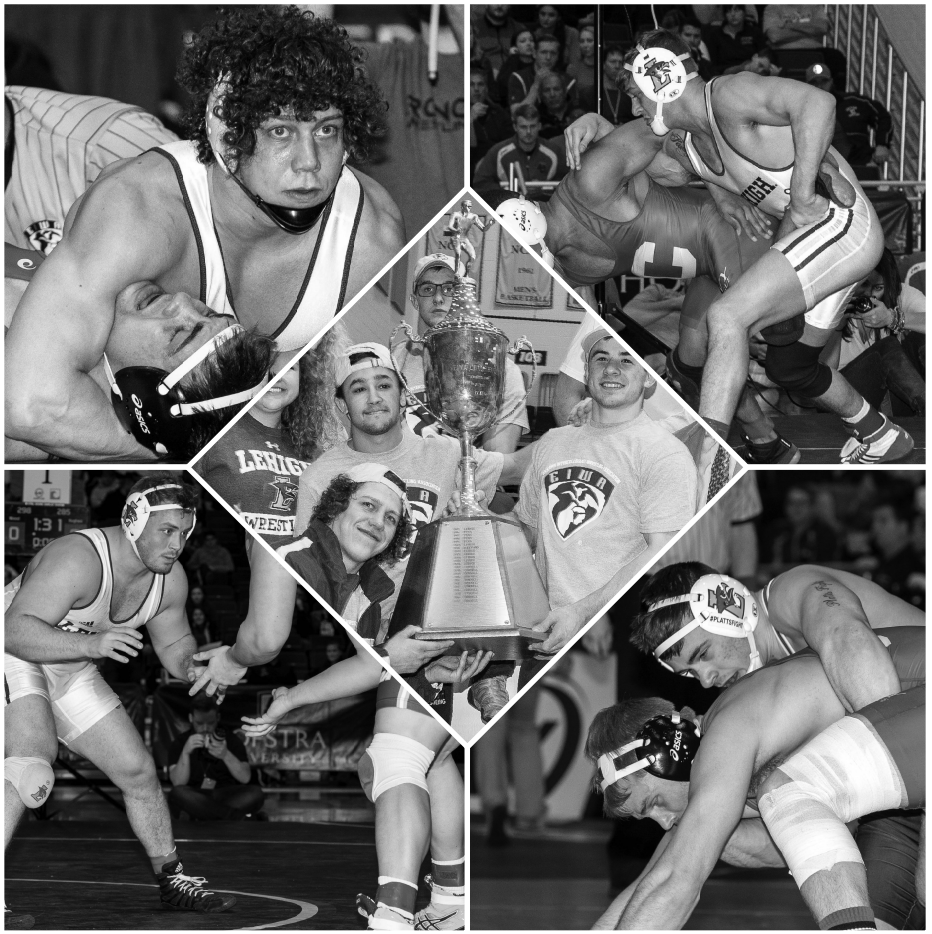
❑$25.00 ❑$50.00
❑$100.00 ❑$200.00
❑$500.00 ❑Other _____

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



2018-19 Wrestling Season

www.LehighWrestling.com