



Columbus Stompers Membership Form

Please Check One:

- Annual Membership (include payment of \$30.00)
 Change of current Membership

Make checks available to "The Columbus Stompers."

Cash payments should only be made in person and given directly to a Columbus Stompers officer.

Member Information

Name: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Email: _____

Nickname: _____

Birthday: _____

T-Shirt Size (Circle One): S M L XL XXL 3XL 4XL

With your permission, membership information is occasionally shared within the Columbus Stompers organization. However, in no cases will your membership information be made available to any persons or organizations outside of the Columbus Stompers.

Please make my membership information available to all Stompers members.

Please keep my membership information private (available only to Officers and Committee Chairs)

Check here if you **DO NOT** wish your image to be used in any Stomper publicity including the public areas of the Columbus Stomper website or advertising for events.

Signature: _____

Mail form to:

Columbus Stompers
P.O. Box 163131
Columbus, OH 43216-3131

Date: _____

Or hand to any **Columbus Stompers Officer.**