

**JACKSON PREP
ATHLETIC BOOSTER CLUB
P.O. Box 16117 • Jackson, MS 39236**

NAME(S) _____
RES. ADDRESS _____
CITY/STATE/ZIP _____
RES. PHONE _____
BUS. PHONE _____
E-MAIL ADDRESS _____

TYPE OF MEMBERSHIP

I will agree to give my time to the Booster Club. Yes No

PLATINUM PATRIOT (\$4,000)	SILVER (\$350)
SUPER PATRIOT (\$2,500)	RED (\$250)
PATRIOT (\$1,000)	BLUE (\$100)
PLATINUM (\$500)	WHITE (\$25)

BRONZE-C (Grandparents-\$300/Couple)

BRONZE-S (Grandparent-\$200/Single)

No Booster Package -- Donation Only

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

I hereby authorize **Jackson Prep Athletic Booster Club** to debit the below mentioned account for a predetermined monthly amount for payment of membership dues. This authority is to remain in effect until revoked by me in writing to the booster club.

Bank Account Number: _____

Name as shown on bank records: _____

Name of Bank: _____

Bank Transit Number: _____

IMPORTANT !! A CHECK MARKED "VOID" MUST BE ATTACHED.

Date: _____

Signature: _____

If you have any questions or need additional information, please contact Trudy McLaurin at 601-939-8613 ext. 255.

