

Quad City Storm Booster Club



2026-2027 MEMBERSHIP APPLICATION

MEMBERSHIP DUES: \$20 INDIVIDUALS / \$30 Family (Same Household)

CONTACT INFORMATION				
NAME				
STREET ADDRESS				
CITY, STATE, ZIP CODE				
CELL PHONE (SELF)		HOME PHONE		
CELL PHONE (2ND ADULT)		DO YOU RECEIVE TEXTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E-MAIL ADDRESS/NAME				
E-MAIL ADDRESS/NAME				
E-MAIL ADDRESS/NAME				
FAMILY MEMBERSHIP PLEASE LIST NAMES & RELATIONSHIP				
2nd ADULT				
CHILD 1	(AGE)			
CHILD 2	(AGE)			
CHILD 3	(AGE)			
Additional Children & Ages				
COMMITTEES				
TELL US IN WHICH AREAS YOU ARE INTERESTED IN VOLUNTEERING				
_____ BUS FOOD		_____ FUNDRAISING		
_____ EVENTS		_____ TEAM MEALS		
_____ WEBSITE ADMINISTRATION				

Referred By: _____

MAIL FORM & PAYMENT TO:

QUAD CITY STORM BOOSTER CLUB, ATTN: MEMBERSHIP, 1201 River Drive, Moline, IL 61265

DATE PAID _____ AMOUNT PAID \$ _____ PAYMENT TYPE (CASH/Credit/CHECK#) _____