TOBC by CAST-LA Membership Renewal

Name: _____ Membership ID #: _____
First Last

1. Please fill out the following information ONLY if there has been a change:

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact:

Name: _____ Phone Number: _____

2. Membership Fee:

Annual (January – December): 1. Adult ___ ($50) 2. Youth (under the age of 18) ___ ($25)

6-Month (July – December): 1. Adult ___ ($25) 2. Youth (under the age of 18) ___ ($12)

Amount Paid: $_____ Cash: ___ Check: ___ (Please make check payable to 'CAST-LA' and indicate 'for TOBC by CAST-LA' on the bottom of the check)

3. I agree to abide by the previously signed Membership Agreement and USA Badminton Waiver (Copies are available upon request and online):

Signature: _____ Date: _____

4. For member under 18, parent or guardian needs to read and sign below:

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Club Use Only

Fee received and renewal approved by: _____ Date: _____