

## **Membership Application**

NAME							
ADDRESS							
CITY			STATE				
ZIP CODE							
HOME PHONE							
<b>BUSINESS PHONE</b>							
CELL PHONE							
E-MAIL ADDRESS	5						
Current Browns Backer Member			Yes		No		_
If yes, Membership	number is:						_
Are you interested in	porticipating in (	our various committees	$2 V_{AG}$		No		
-		e below which areas					_
Event Planning		Game Day Help _		Away C	Game Travel		
Raffle Tickets		Charities		Membe			
Newsletters					1		
Conditions of member	rship:						
		by September 1 <sup>st</sup> . I, a					
		nization liable for any					
		d. I further understand					
behavior of the Clev	veland Browns	Backers worldwide a	ind I will	uphold the	ose rules and	regulations	5.
Signed			Date				

PLEASE SUBMIT APPLICATION WITH CHECK PAYABLE TO THE ELYRIA BROWNS BACKERS AT THE ADDRESS LISTED **ABOVE.** 

**Questions**<sup>1</sup>?

E-Mail us at elyriabrownsbackers@yahoo.com