

Flying Spikes New Membership/Renewal Agreement

Name _____ Spikes Badge Number _____

Address _____

Phone H _____ W _____ C _____

Email(s) _____

Emergency Contact _____

Family Members _____

Monthly Dues are \$60.00 due by the 5th of the month. Payments are to be sent to:

Flying Spikes Baseball Club

P.O. Box 66026

West Des Moines, IA 50265

Agreement: Member agrees to abide by the latest Rules and Regulations of Flying Spikes Baseball Club found at FlyingSpikes.com. Member acknowledges and understands that violation of any Rules and/or Regulations will subject Member to immediate Membership termination and forfeiture of the current month's dues at the sole discretion of the Board of Directors. By signing below you are agreeing to pay in full through Dec. 31 of the year on this contract.

Dated this _____ day of _____, 20____

Member Signature

rev. 2013