



PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

PASTOR'S SIGNATURE: \_\_\_\_\_

MEMBERSHIP FORM AND MONIES MUST BE RECEIVED BY  
APRIL 30 TO SECURE YOUR SUPERHERO CLUB STATUS