



Membership Form

\$25 for 2022-2023 Annual Membership

\$250 for Lifetime Membership

Name _____

Street Address _____

City/State/Zip _____

Email Address _____

Home Phone # _____

Cell Phone # _____

For Lifetime Members:

please indicate below how you would like
your name(s) to appear on the plaque inside BNHS:

(Example: Mr. & Mrs. John Doe and Family)

Send this form and check to:

Blue Thunder Boosters
P.O. Box 202
Belvidere, IL 61008

We ARE North!