



THE LETTERWINNERS LIFELONG CONNECTION TO CLEMSON!

MEMBERSHIP APPLICATION:

IPTAY #: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Home

Work

Cell

Email Address: _____

Date of birth: _____ Degree: _____

Sport(s) Played: _____

Years Lettered: _____ Graduation Year: _____

MEMBERSHIP LEVELS (CHECK YOUR DONATION LEVEL):

\$100/year

\$250/year

\$500/year

METHOD OF PAYMENT:

Charge: \$ _____ to my

VISA

MasterCard

American Express

Discover

Check

Payment Plan: Monthly

Quarterly

Semiannually

Pay In Full

Please enclose your check and this form and return to:

MAKE CHECKS PAYABLE TO: Block C Club

MAIL TO: Block C Club, P.O. Box 1529, Clemson, SC 29633 Attn: Mande Teske

SCAN TO: Mande Teske - mmodica@clemson.edu

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____ / _____

Signature: _____