



PRESENTED BY

Dental Associates

MEMBERSHIP FORM

CHILD'S INFORMATION:

Date: _____

New Member Renewing Member _____
Membership Number

Child's Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Telephone: _____

Birthday (MM/DD/YY): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Parent/Guardian Email: _____

How did you hear about the Junior Power Pack? _____

ANNUAL MEMBERSHIP FEE \$25*

Method of Payment (circle one):

Check/Money Order *Cash* *Visa* *MasterCard*
(payable to the Green Bay Packers)

Credit Card #: _____

Exp. Date: _____

3 Digit Security Code (back of card): _____

Name (as it appears on the card): _____

Please mail completed form and payment to:

Junior Power Pack
1265 Lombardi Ave.
Green Bay, WI 54304

★ *All non-United States residents please add \$10 for international shipping fee.*

IS THE MEMBERSHIP A GIFT? (optional):

Whom is the gift from? _____

(The gift note will be included in the welcome kit. No Packers personnel or players names please.)