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MEMBERSHIP FORM

PLEASE PRINT CLEARLY

NAME:	_ SPOUSE'S NAME:				
PREFERRED PHONE NUMBER:	HOME	CELL	OK TO TEXT?	Y	N
EMAIL:			BIRTHDATE:		
ADDRESS:	CITY:		ZIP:		
CURRENT STUDENT INFORMATION					
NAME:	BIRTHDATE: CLASS OF:				
CELL NUMBER: OK T	TO TEXT?	Y N			
EMAIL:					
SCHOOL ADDRESS:			Z	IP:	
Add additional students	on back sid	de if app	licable		
BCAM delivers goody bags to our Aggies 3 times p opt in for a bag for your Aggie(s), please check the purchasing for, and add \$10 per student to your me	box below, i	ndicate w			
You will need to let them know when our delivery of they will need to pick up their bag on the designate					it) and
The bag fee only covers the cost of the actual bags	- We still ne	ed moms	to bring items to	o stuff th	ne bags
Yes, I would like goody bag(s) for my Aggie(s) named below:] No, my Ag	gie(s) are	no longer on ca	mpus	
want to purchase a roommate bag for Hallowee	en 🗌 Fall F	-inal	Spring Final @	\$10.00 e	each

Name of roommate: ______ Phone Number: _____

Name of roommate:		_ Phone Number:
Annual Membership Dues: Goody Bag Fee \$10 x: Total Due:	\$25.00 \$ \$	Pay in person or by mail to PO Box 553 Bastrop, TX 78602 or Venmo: @BastropCounty-AggieMomsClub
Payment received by: Date: Amoun		Check

ADDITIONAL STUDENT INFORMATION

NAME:	BIRTHDATE:	CLASS OF:
CELL NUMBER:	OK TO TEXT? Y N	
EMAIL:		
	CITY:	
NAME:	BIRTHDATE:	CLASS OF:
CELL NUMBER:	OK TO TEXT? Y N	
EMAIL:		
SCHOOL ADDRESS:	CITY:	ZIP:

