



# Falcon Football Pride Club Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Spouse \_\_\_\_\_

Grad Year \_\_\_\_\_

Level of commitment (\$100 minimum) \$ \_\_\_\_\_

Method of payment:

Check (Make payable to: The Falcon Pride Club)

Visa

MasterCard

American Express

Discover

Automatic Payment Plan

Bill me the full amount

Bill me monthly

Bill me quarterly (only \$1000 or over)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

To join the Falcon Football Pride Club mail this form to:  
Falcon Pride Club, 2168 Field House Drive, USAFA, CO 80840 or  
Fax: 719.333.2964 or  
Email: Seth.Tjaden@usafa.edu or  
Call: 719.333.9538