



**MEMBERSHIP APPLICATION - March 2 & 3, 2012**

Return with \$30.00 Check to:  
GULF COAST WRESTLERS REUNION  
ATTN: Florence Fields - Treasurer  
6609 Old Pascagoula Road  
Theodore, AL 36582-9139  
*Dues paid at the door is \$35.00*

Legal Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Professional Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Person(s) - Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Check:      New \_\_\_ Renewal \_\_\_      Active \_\_\_ Retired \_\_\_

Wrestler \_\_\_ Promoter \_\_\_ Referee \_\_\_ Announcer \_\_\_ Other \_\_\_

Other professional names used: \_\_\_\_\_

Number of years active in the business: \_\_\_\_\_ Trained by: \_\_\_\_\_

Office Use Only: