



### Membership Application

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

Professional Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_:

Please check: New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Emergency Contact Person(s):

Name: \_\_\_\_\_

Wrestler: Active: \_\_\_\_\_ Retired: \_\_\_\_\_

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

Promoter: Active: \_\_\_\_\_ Retired: \_\_\_\_\_

Referee: Active: \_\_\_\_\_ Retired: \_\_\_\_\_

City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Announcer: Active: \_\_\_\_\_ Retired: \_\_\_\_\_

**Return Application and check \$30.00 to:  
GULF COAST WRESTLER'S REUNION**

**Treasurer - Florence Fields 6609 Old Pascagoula Rd. Theodore, Al. 36582-9139  
251-653-8411**

**Membership April 1, 2009 - March 31, 2010**

**Member Dues at the door will be \$35.00**