

Immanuel Athletic Booster Club
Membership Submittal Form

\$10/Year Membership Fee

Name: _____

Address: _____

Phone: _____

Email*: _____

* Email is the most important item since most of the IAB communications will be sent via email.

Membership fee & application form should be mailed to the following address:

Immanuel Athletics Boosters
PO Box 901
Eau Claire, WI 54702