



Otter Backer Membership Application

☐ New Member Referred by: _____ ☐ Renewal

Name(s) _____
(As it will appear in game programs)

Spouse's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Business Phone (____) _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Please address all correspondence in the following way:

Name(s) _____

Preferred mailing address: ☐ Home ☐ Business

☐ I wish to remain anonymous from program listing

You may designate your gift for a specific sport or split it among many. You may also simply contribute to the general athletic scholarship fund. Please be sure to indicate where to designate your contribution: _____

Pledge Amount: \$ _____ To be paid by _____

☐ \$50 – Pup ☐ \$100 – Kelp ☐ \$250 – Raft

☐ \$500 – Teal ☐ \$1,000 – Blue ☐ \$2,500 – Gold

☐ \$5,000 Director's

Charge my: ☐ American Express ☐ Discover ☐ Visa ☐ MasterCard

Card # _____

Exp. Date _____ CVC Code _____

Signature _____

☐ CSUMB Alumni (class year) _____

☐ Former Athlete (sport / year) _____

☐ Please send me information on athletic endowment opportunities

☐ Company matching gift form enclosed

☐ CSUMB Employee Payroll Deduction

Please make all checks payable to: Otter Backers, CSUMB Athletics

Mail with Payment to: CSUMB Athletics, Otter Backers | 100 Campus Center, 84F | Seaside, CA 93955

