

**Glynn Academy Touchdown Club
2008-2009 Membership Form
(\$25.00 per membership or per family)**

Student's Name(s) and Grade(s): _____

Member's Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (912) _____ - _____ E-mail: _____

Fax: (912) _____ - _____

Please make check payable to: **Glynn Academy Touchdown Club**

Mail to: P.O. Box 24284
St. Simons Island, GA 31522

For more information please call Tom Packard at 634-9407



**Glynn Academy
TouchdownClub
Membership Card
2008-2009 School Year**

Name: _____