



Bills Backers International Chapter Registration Form

Please Print. Send completed list to billsbackers@bills.nfl.net or Bills Backers International, One Bills Drive, Orchard Park, NY 14127.

Bills Backers Chapter Name: _____

Chapter President/Group Leader (Full Name): _____

Chapter President/Group Leader E-Mail: _____

Chapter President/Group Leader Phone Number:(_____) _____

Chapter Meeting Place Name: _____

Chapter Meeting Place Address: _____

Member List:

Full Name	E-Mail Address
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____
11) _____	_____
13) _____	_____
14) _____	_____
15) _____	_____
16) _____	_____
17) _____	_____
18) _____	_____
19) _____	_____
20) _____	_____

Please list additional members on back.

By signing this document, I verify that the individuals listed above have authorized me to provide their e-mail information to the Buffalo Bills for inclusion in their electronic mailing list. I also understand that any photos or video taken at Bills Backers events that are shared with the Buffalo Bills organization may be included in promotional materials.

Signature: _____

Date: _____