

2010 – 2012

♣ NEW YORK JACKS MEMBERSHIP APPLICATION ♣

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDAY: _____ / _____ / _____
MONTH DAY YEAR

EMAIL: _____

SELECT YOUR CONTACT OPTION(S):

- I want my NYJacks Membership card Newsletters **MAILED ONLY**.
- I will pick up my NYJacks Membership card at the:
 Sunday Meeting
 Tuesday Meeting
- I want my NYJacks Membership card **MAILED**.
- I want Newsletters **EMAILED ONLY**.

Membership dues are \$30.00 per year which include a monthly newsletter and membership card good for reduced admission to NYJacks Meetings. Please make checks payable to New York Jacks and mail to: **NY Jacks, 318 West 36th Street, Box 5C, NY, NY 10018**. Please take a few minutes and fill out the questionnaire below. We will be able to tailor your club to better meet your needs.

I UNDERSTAND I PARTICIPATE IN ALL NEW YORK JACKS FUNCTIONS ENTIRELY AT MY OWN RISK AND WILL ABIDE BY THE CODE OF ETHICS OF J/O ONLY.

Signature of Applicant: _____

NYJacks Use Only:

Date of Membership:	Membership Number:
Type of Membership: Regular	Life Honorary
Issued By NYJacks Officer:	