

# 2016 – 2018

## ♣ NEW YORK JACKS MEMBERSHIP APPLICATION ♣

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(optional)      MONTH      DAY      YEAR

EMAIL: \_\_\_\_\_

### SELECT YOUR CONTACT OPTION(S):

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

Membership dues are \$30.00 for a membership card good for reduced admission to NYJacks Meetings through 2018. Applications must be turned in person at a meeting. Checks should be made out to "The New York Jacks."

*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:	