

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:	