

2019 - 2021

♣ 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 \$20.00 for a membership card good for reduced admission to NYJacks Meetings through 2021. Applications must be turned in person at a meeting. Payment is cash only.

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: | |