



## Printable Membership Application

Send Check or Money Order for Total Amount To:

NEW JERSEY STATE FEDERATION OF SPORTSMAN'S CLUBS, INC  
P.O. BOX 884  
EATONTOWN, NJ 07724

INDIVIDUAL MEMBER - \$40.00

\$ \_\_\_\_\_

- Membership Card
- Monthly Electronic Newsletter
- Receives \$ 2,000,000 liability insurance membership certificate

<u>NJSFSC Decal</u>	Quantity _____ @ \$2.00 ea.	Total \$ _____
<u>NJSFSC Patch</u>	Quantity _____ @ \$5.00 ea.	Total \$ _____
<u>Donation to NJSFSC</u>		Total \$ _____

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

COUNTY \_\_\_\_\_

EMAIL \_\_\_\_\_

CLUB NAME (OPTIONAL) \_\_\_\_\_

PROFESSION (OPTIONAL) \_\_\_\_\_