



Printable Membership Application

NJSFSC INDIVIDUAL APPLICATION

Send Check or Money Order

FOR TOTAL AMOUNT PAYABLE TO:

**NEW JERSEY STATE FEDERATION OF SPORTSMEN'S CLUBS,
INC.**

P.O. BOX 10173, Trenton, NJ 08650

MEMBER – \$40.00 each \$ _____

Receives \$2,000,000 liability insurance membership certificate, and Federation's Monthly eNewsletter

Additional members in the same household can be listed on separate sheet of paper.

Check if Emblem Decal is Required – \$2.00 each \$ _____

Check if Emblem Patch is Required – \$5.00 each \$ _____

DONATIONS FOR THE NEW JERSEY STATE FEDERATION OF SPORTSMEN'S CLUBS
LEGISLATIVE FUND \$ _____

TOTAL \$ _____

*Name _____

Address _____

City _____ State _____ ZIP _____

County of Residence _____ Date of Birth (MM/DD/YY) _____

Telephone _____ Email address _____

Club Name(optional) _____

Profession(optional) _____

* All information required unless otherwise noted