



2023
NY 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 2023. 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:	