## **♣** 2023 NY JACKS MEMBERSHIP APPLICATION **♣**

FIRST NAME:	LAST NAME:
ADDRESS:	
	E:ZIP:
BIRTHDAY: / / (optional) MONTH DAY	YEAR
EMAIL:	
SELECT YOUR CONTACT OPTION(S):	
☐ I will pick up my NYJacks Membership care	d at the:    Sunday Meeting  Tuesday Meeting
☐ I want my NYJacks Membership card <b>MAILED</b> .	
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:	