

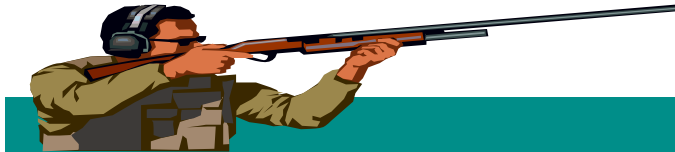


SANDWICH SPORTSMANS CLUB



**P.O. Box 438
Sandwich, IL. 60548**

815-786-6969



MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY & LEGIBLY

APPLICANT NAMES: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: _____ **EMAIL:** _____

VOCATION / SKILLS: _____

IF NEEDED TO HELP WITH A PROJECT OR EVENT FOR THE CLUB

- **MAY WE PUBLISH YOUR PHONE NUMBER TO MEMBERS?** YES ___ NO ___
- **MAY WE PUBLISH YOUR E-MAIL ADDRESS TO MEMBERS?** YES ___ NO ___

LIST NAMES & AGES OF CHILDREN 18 AND YOUNGER: _____

MAIN INTERESTS: _____

CAN YOU PLEASE TELL US HOW YOU HEARD ABOUT SANDWICH SPORTSMANS CLUB?

NEW MEMBER _____ **RETURNING MEMBER** _____

MEMBER SINGNATURE: _____ **DATE:** _____

APPLICANT SINGNATURE: _____ **DATE:** _____

- **DUES ARE FOR ONE YEAR, JANUARY 1st TO JANUARY 1st**
- **RENEWAL COST 200.00 IF ONE ADULT MEMBER WORKS THE (5) HOURS REQUIREMENT**
- **RENEWAL COST 250.00 IF YOU OPT OUT OF THE (5) HOUR WORK REQUIREMENT**
- **APPLICANT INITIALS:** _____