



# DEWITT COUNTY SPORTSMANS CLUB

P.O. Box 322, Clinton, IL 61727-www.dewittcountysc.com

## Membership Renewal Application

(Addendum E of DCSC Bylaws, Rev. 8-14-17)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Last 4 digits of FOID card no: \_\_\_\_\_ FOID Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please select the type of membership you are renewing for:

- \_\_\_\_\_ Individual Membership.....\$60
- \_\_\_\_\_ Family Membership (primary)\* .....\$85
- \_\_\_\_\_ 65 Years Old/Disabled.....\$45
- \_\_\_\_\_ Active military or police.....\$0

\*In addition to the primary family membership application, a second page (Additional Family Information) needs to be filled out for secondary family membership applicant and each dependent that will accompany primary member at the range.

All non-exempt members are required to contribute two workdays per calendar year. If work days are **not** met, then another maintenance fee will be required for renewal next year. **If both work days are met, maintenance fee will roll over to next year.** Secondary family members, members with disabilities, those 65 years old or older, and members of the military or National Guard who have been deployed away from their permanent place of residence in the preceding year are exempt from this requirement.

### How many workdays have you performed during the preceding year (check one)?

\_\_\_\_\_ Two (additional fee \$0) \_\_\_\_\_ One (additional fee \$45) \_\_\_\_\_ None (additional fee \$90) \_\_\_\_\_ Exempt

**Total Payment Enclosed: \$ \_\_\_\_\_**

Mail your renewal application and a check for the full amount of your membership fees to:

Dewitt County Sportsmans Club  
P.O. Box 322  
Clinton, IL 61727

I certify that all of the information above is accurate, and I agree to abide by the by-laws and all the rules of the DeWitt County Sportsmans Club.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Payment of \$ \_\_\_\_\_ received.

DCSC Treasurer's signature \_\_\_\_\_ Date: \_\_\_\_\_

DCSC Officer/Director's signature \_\_\_\_\_ Date: \_\_\_\_\_