



DEWITT COUNTY SPORTSMANS CLUB

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

Membership Renewal Application

(Addendum F 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: _____