



DEWITT COUNTY SPORTSMANS CLUB

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

Membership Application

(Addendum E of DCSC Bylaws, Rev. 10/30/2014)

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Age: ___ Gender: ___ Male ___ Female

Occupation: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: ___ Zip: _____ E-mail: _____

Last 4 digits of FOID Card No: _____ FOID Exp. Date: ___/___/___

FOID cards will be checked.

Please, select the type of membership you are applying for (*check one*):

- Individual membership.....\$100 (Includes \$50.00 maintenance fee)
- Family membership (primary)*.....\$125 (Includes \$50.00 maintenance fee)
- 65 Years Old/Disabled.....\$35 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 the secondary family membership applicant and each dependant that will accompany primary member at the range.** Both primary and secondary family members must attend the Range Rules Class to receive range privileges and a membership card.

Individual and family memberships require two club workdays each calendar year. If the workdays have been met, the maintenance fee of \$50.00 will be credited towards next year's maintenance fee. 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.

A Range Rules Class must be completed before receiving range privileges & a membership card.
A Membership is good for a calendar year (January through December). You must renew each year.

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

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

You will be contacted as soon as your application has been approved.

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 _____

ADDITIONAL FAMILY INFORMATION

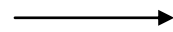
Spouse

First name _____ Last name _____ Gender: __Male

Date of birth: __/__/____ _Female

Is your spouse a DCSC member
on a family membership (\$75)?

___NO ___YES



Last 4 digits of spouse's FOID Card # _____

FOID Exp. date: __/__/____

Address (if different from primary member):

Children/Grandchildren between 10-17 years of age (use back of the form to provide additional information if necessary)

First name _____ Last name _____ Gender: __Male

Date of birth: __/__/____ _Female

First name _____ Last name _____ Gender: __Male

Date of birth: __/__/____ _Female

First name _____ Last name _____ Gender: __Male

Date of birth: __/__/____ _Female