



DEWITT COUNTY SPORTSMEN'S CLUB

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

Membership Renewal Application
(Addendum E of DCSC Bylaws, Rev. 09/12/2013)

ATTACH PASPORT SIZE PHOTO (or a .jpg file if submitting electronically)

First Name: Last Name: Date of Birth: Age: Gender: Occupation: Home Phone: Address: Cell Phone: City: State: Zip: E-mail: Last 4 digits of FOID Card No: FOID Exp. Date:

Please, select the type of membership you are renewing (check one):

- Individual membership \$150 Active military, full-time National Guard or police \$0
Family membership (primary) \$175
65 Years Old/Disabled \$45

* In addition to the primary family membership renewal 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.

All non-exempt members are required to contribute two workdays per calendar year or pay a fee of \$25 per workday. 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 \$25) None (additional fee \$50) Exempt

TOTAL PAYMENT ENCLOSED: \$

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

DeWitt County Sportsmen's 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 Sportsmen's 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):

ATTACH
PASPORT
SIZE
PHOTO
(or a .jpg file if
submitting
electronically)

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

ATTACH
PASPORT
SIZE
PHOTO
(or a .jpg file if
submitting
electronically)

First name _____ Last name _____ Gender: __ Male

Date of birth: __/__/____ __Female

ATTACH
PASPORT
SIZE
PHOTO
(or a .jpg file if
submitting
electronically)

First name _____ Last name _____ Gender: __ Male

Date of birth: __/__/____ __Female

ATTACH
PASPORT
SIZE
PHOTO
(or a .jpg file if
submitting
electronically)