



# Newark Sportsmen's Club Renewal Application

## Contact Information:

Staci Withrow (815)600-4104  
NSCsecretary2@outlook.com

Bring your club renewal application to the Annual Meeting and pay your dues.

Incomplete form will not be processed, also make sure you have documented your workdays. If I don't show you worked you will not be given credit for them.

By-Laws : Members  
Article III Sec. 4

**Members must attend the February or March meeting to turn in key(s) and pay their dues unless prior arrangements have been made and approved by the board.**

Annual Membership Dues, Make checks payable to:**Newark Sportsmen's Club** Memberships are February 1st through January 31<sup>st</sup>  
(No Pro-Rating) Must be 21 years or older

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ # Cards/Keys needed: \_\_\_\_\_

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

Vehicle License Plate: \_\_\_\_\_ Camper: \_\_\_\_\_

**List household members under 21 on back of this form.  
Household members age 21 and over apply for and pay for their own membership.**

Leave Dues & Fees Blank

Areas of interest:

I will be available to help with:

Dues & Fees:

Shotgun \_\_\_\_\_

Rifle Range \_\_\_\_\_

Friday Night Shoots \_\_\_\_\_

Dues:\$ \_\_\_\_\_

\_\_\_\_\_

Grounds Keeping \_\_\_\_\_

Camper:\$ \_\_\_\_\_

Archery \_\_\_\_\_

Construction \_\_\_\_\_

Senior: \$ \_\_\_\_\_

Pistol \_\_\_\_\_

Special Events \_\_\_\_\_

Work:\$ \_\_\_\_\_

Trap/Skeet \_\_\_\_\_

Kitchen \_\_\_\_\_

Fishing \_\_\_\_\_

Other \_\_\_\_\_

I agree to follow all Federal and State Firearms laws and Club Rules.  
I understand my membership may be revoked if I violate these rules.

**I understand that to be a member in good standing, I have a duty to help in the maintenance, operation and improvement of the club.**

I agree to hold harmless Newark Sportsmen's Club and all of its agents for any injury or damages which may occur to myself or my guests while on Club property. I agree and understand that I am responsible for my safety, the safety of my equipment and the safety of the other participants.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print so the form is legible, or it will not be accepted!**



# Newark Sportsmen's Club Family Members

## Contact Information:

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By-Laws : Members  
Article III Sec. 4

**Members must attend the February or March meeting to turn in key(s) and pay their dues unless prior arrangements have been made and approved by the board.**

Name:	Age:	Relationship
Name:	Age:	Relationship
Name:	Age:	Relationship
Name:	Age:	Relationship
Name:	Age:	Relationship
Name:	Age:	Relationship

**A member is defined as the paying member and their family. If a member's family helps at a work function it is considered one (1) workday for the member.**

**Additional workdays are not added if a member and their family members attend a work function. It is the member's duty to complete the workdays as a part of their membership. If a member is unable to complete their work duties due to illness or injury, a spouse of significant other can complete them in their place. It is the member's responsibility to report time worked to a Board Member if work is completed on an individual basis. (Passed: February 9, 1998)**



**Camper Storage Application**

**Newark Sportsmen's Club  
10251 Fox River Dr.  
Newark, IL 60541**

**Contact Information:**

**Staci Withrow  
(815)600-4104  
NSCsecretary2@outlook.com**

**Camper Storage pick an option**

**Renewal**

**Waitlist**

**New Member**

**PRINT SO IT IS LEGIBLE OR FORM WILL NOT BE PROCESSED**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Camper Make \_\_\_\_\_ Camper Model \_\_\_\_\_

Plate # \_\_\_\_\_ Color \_\_\_\_\_

Email \_\_\_\_\_

**Make sure you have a photo attached or your application will not be accepted!**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Signature \_\_\_\_\_ Date \_\_\_\_\_