

**JSOB Membership Form (version 07/24/2025)**

**Please Print Clearly**

Name \_\_\_\_\_

☐

New

☐

Renewal

Today's Date \_\_\_\_\_ Dues Amt Pd \_\_\_\_\_ Donation Amt \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ EC Phone \_\_\_\_\_

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\*\*\*Complete this section ONLY if you are a new member or if your information has changed\*\*\*

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Approx MPs \_\_\_\_\_

Email \_\_\_\_\_ ACBL# \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate (optional\*) Month \_\_\_\_\_ Day (e.g. 4, 28) \_\_\_\_\_

\*if you wish your birthday to be published on our club calendar

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**Admin Use Only**

Rec'd by \_\_\_\_\_

☐

Entered ACBL Score

☐

Entered BW

☐

Sent to Jeanne