

Membership Application
NORTHWEST CHAPTER
SAFARI CLUB INTERNATIONAL



* _____ *
 NAME Prefix First Middle I. Last SPOUSE'S or SIGNIFICANT OTHER NAME

* _____ *
 HOME ADDRESS CITY / STATE / ZIP CODE

 COMPANY NAME / BUSINESS ADDRESS CITY / STATE / ZIP CODE

* _____ *
 HOME PHONE BUSINESS PHONE

 CELL PHONE FAX

 DATE OF BIRTH * E-MAIL ADDRESS

VOCATION OR PROFESSION _____

Please check the address you prefer club notices be sent to: Home Address _____ Business Address _____

We promote the freedom to hunt and wildlife conservation worldwide. We do this through quarterly newsletters, meeting with programs of interest, conservation and hunter education programs, public programs, family events, and an annual fundraising banquet. We are successful in these endeavors because we are an active club with active members. As a member of the NW Chapter, I am willing to help in the following areas.

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Chapter Meetings | <input type="checkbox"/> Membership | <input type="checkbox"/> Trophy Records & Awards |
| <input type="checkbox"/> Officer or Director | <input type="checkbox"/> Education | <input type="checkbox"/> Conservation Projects |
| <input type="checkbox"/> Youth Hunt | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Sportsmen Against Hunger |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Hunter's Rights | <input type="checkbox"/> Publicity & Advertising |

MEMBERSHIP SPECIAL FOR NEW SCI AND CHAPTER MEMBERS ONLY

Join Safari Club International and the NW Chapter of Safari Club for a one time only special offer.

_____ I am applying for National & Chapter **1 year** membership \$65.00 (Savings of \$55.00)

_____ I am applying for National & Chapter **3 year** membership \$250.00 (Savings of \$ 110.00)

PLUS, JOIN FOR 3 YEARS AND BE ENTERED FOR A \$10,000 CABELA'S SHOPPING SPREE, AND AS A NEW MEMBER YOUR FIRST THREE ENTRIES FREE INTO THE SCI RECORD BOOK.

EXISTING SCI MEMBERS, APPLYING FOR NW CHAPTER MEMBERSHIP

_____ I am a paid up SCI member applying for **1-year** Chapter only membership. \$55

_____ I am a paid up SCI member applying for **3-year** Chapter only membership. \$150

_____ I am a paid up **SCI Life member** applying for **Chapter Life Membership**. \$1,000

Your SCI member number is required: * _____

* _____ *
 SIGNED (* means required field.) DATE

* Total Amount _____ Cash, Check, Card (MC/Visa) Card# _____ CVC# _____ Exp. Date _____
 (circle one)

**Please mail your application and check to SCI, NW to the Chapter Membership Chairman below:
 Steven Ford, 3809 Spyglass Drive NE, Tacoma, WA 98422. E Mail: sjford5@msn.com
 Phone: (253) 377-6728. Please see the NW Chapter website at www.scinw.com**