

SAFARI CLUB INTERNATIONAL YOUTH MEMBER APPLICATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth (mandatory) _____

Email Address (mandatory) _____

Parent, Guardian or Sponsor _____ SCI# _____

Total Paid \$ _____

Additional Benefits Include:

- 50% off Record Book Entries and Award Listings
- Join Your Local Chapter
- Electronic Annual Awards Publication

SCI Membership Dues

- 1 Year Membership \$25
- 3 Year Membership \$75
- 5 Year Membership \$125

Chapter Membership Dues

- 1 Year Membership \$25
- 3 Year Membership \$75
- 5 Year Membership \$125

Enclosed is \$ _____ Check # _____

Or charge to my: credit card

Name on Card: _____

Card # _____ Expires: _____

3-digit code: _____

Signature: _____