

# DETROIT SPORTSMEN'S CONGRESS

49800 Dequindre Road, Utica, Michigan 48317, Phone (586) 739-3500, Fax (586) 739-7704

## Application for Membership

I, the undersigned, hereby apply for membership

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

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

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

D.O.B. \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Sec. Phone \_\_\_\_\_

Recommended by: \_\_\_\_\_

Membership Type: Individ. Family Sr./ DI Student Junior  
(Please circle)

Signature of Applicant: \_\_\_\_\_

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

**My signature on this form signifies my agreement to abide by all the policies, bylaws and operating procedures of the D.S.C.**

**DSC memberships are non-refundable.**

**Office use only:**

Amount received: \_\_\_\_\_

Date received: \_\_\_\_\_

Member #: \_\_\_\_\_

Check #: \_\_\_\_\_

P & K: \_\_\_\_\_

Officer: \_\_\_\_\_

Officer: \_\_\_\_\_

Officer: \_\_\_\_\_

Family membership includes, primary member, spouse and children under the age of 18. List children below:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Attach separate sheet for additional children.



**Discounted annual membership fees: Fees are non-refundable**

Join Month	Admin. Fee	Individual	Family	Senior/Disabled	Student	Juniors
July	\$60	\$110.04	+ \$19.98	\$47.52	\$37.50	\$12.54
Aug.	\$60	\$91.70	+ \$16.65	\$39.60	\$31.25	\$10.45
Sept.	\$60	\$73.36	+ \$13.32	\$31.68	\$25.00	\$8.36
Oct.	\$60	\$55.02	+ \$9.99	\$23.76	\$18.75	\$6.27
Nov.*	\$60	\$266.68	+ \$46.68	\$110.84	\$87.50	\$29.18
Dec.*	\$60	\$248.34	+ \$43.34	\$102.92	\$81.25	\$27.09

**\*November memberships run from 11/1/21- 12/31/22.**

**\*December memberships run from 12/1/21- 12/31/22.**

**Pricing reflects a 50% discount of the first year of membership with this application. To continue the annual discount, 20 work hours are required annually. Otherwise you will be billed the full amount.**