



Safari Club International

Northeast Wisconsin Chapter

Membership Application

NEWI SCI CHAPTER and SCI NATIONAL - ONE YEAR MEMBERSHIP

USA, Canada and Mexico **\$80.00**
(This includes the \$65.00 membership to SCI National plus \$15.00 NEWI Chapter dues) \$ _____

SCI NATIONAL - ONE YEAR MEMBERSHIP

USA, Canada and Mexico **\$65.00** \$ _____

NEWI SCI CHAPTER – ONE YEAR MEMBERSHIP

USA, Canada and Mexico **\$15.00** (Must be a SCI National Member) \$ _____

NEWI SCI CHAPTER and SCI NATIONAL - THREE YEAR MEMBERSHIP

USA, Canada and Mexico **\$190.00** (This includes the \$150.00 membership to SCI National plus \$40.00 NEWI SCI Chapter dues) \$ _____

SCI NATIONAL - THREE YEAR MEMBERSHIP

USA, Canada and Mexico **\$150.00** \$ _____

NEWI SCI CHAPTER and SCI NATIONAL - NON-SUBSCRIBING ONE YEAR MEMBERSHIP

USA, Canada and Mexico **\$50.00**
(This includes the \$35.00 membership to SCI National plus \$15.00 NEWI Chapter dues) \$ _____

SCI NATIONAL – NON-SUBSCRIBING ONE YEAR MEMBERSHIP

USA, Canada and Mexico **\$35.00** \$ _____

NEWI SCI CHAPTER and SCI NATIONAL - NON-SUBSCRIBING THREE YEAR MEMBERSHIP

USA, Canada and Mexico **\$130.00**
(This includes the \$90.00 membership to SCI National plus \$40.00 NEWI Chapter dues) \$ _____

NEWI SCI CHAPTER - LIFE MEMBERSHIP

USA, Canada and Mexico **\$250.00** / Spousal **\$125.00** \$ _____

SCI NATIONAL - LIFE MEMBERSHIP

USA, Canada and Mexico **\$1,500.00** / Spousal **\$750.00** \$ _____

SCI NATIONAL - SENIOR LIFE MEMBERSHIP (60+)

USA, Canada and Mexico **\$1,250.00** / Spousal **\$750.00** \$ _____

SABLES - THREE YEAR MEMBERSHIP

USA, Canada and Mexico **\$75.00** \$ _____

SABLES - LIFE MEMBERSHIP

USA, Canada and Mexico **\$500.00** / **\$250.00** if SCI National Life Member \$ _____

I am already a member and would like to make a cash donation \$ _____

PLEASE MAKE ALL CHECKS PAYABLE TO "NEWISCI CHAPTER" TOTAL \$ _____

Pay by Credit Card: Visa MasterCard Am Express Discover

Card No: _____ Expiration Date: _____

Signature: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ email: _____

As a member of SCI would you consider volunteering: _____

Fill out form, print,
enclose payment and mail to:

Kevin Ott / Director of Membership
5151 W Anita St
Appleton, WI 54913