



MEMBERSHIP APPLICATION FORM

NAWGJ Identification Number: _____ Date _____

Region: _____

State: _____

USAG Professional Number: _____

Current Ratings: _____

MEMBERSHIP FEES(check one)

Professional (\$55) Includes Insurance

New (\$45) (1st Year Judge) Includes Insurance

Associate (\$35) (Non-Judge: Coach, parent)

Late Charges: 30 to 90 days: \$5 - Past 90 days: \$10

NAME _____

ADDRESS _____

NAWGJ Navy Uniform YES NO
(C\Y\W One)

PHONE () _____

FAX () _____

E-mail: _____

Make check payable and Send Application & Check To:
NAWGJ-BETTY SROUFE, Secretary/Treasurer
2096 Rolling Hills Blvd, Fairfield, Ohio 45014