

NAWGJ MEMBERSHIP APPLICATION FORM

NAWGJ Identification Number: _____ (New judges leave this blank)

Date: _____

Region: _____ State: _____

USAG Pro #: _____ NGA Member #: _____ Other* Member #: _____
* (AAU, High School, etc.)

All Current Ratings: _____ (You MUST have a Judging Rating BEFORE joining NAWGJ)

Send a copy of your rating card with this application.

MEMBERSHIP RENEWAL FEE - \$60

FIRST TIME MEMBERSHIP FEE - \$30

All memberships expire July 31.

Pay online via Credit Card or mail this application with a check or money order.

NAME: _____

ADDRESS: _____ APT: _____

City: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL: _____

If paying by check or money order, mail application to:

NAWGJ Secretary
Denise Green
166 Winfield Drive
Castle Rock, WA 98611