



MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Email Address: _____
 Date of Birth: _____ Sex: Male Female Shirt Size: _____

Additional Family Members

(only if Family Membership is selected below)

Last Name: _____ First Name: _____
 Date of Birth: _____ Sex: Male Female Shirt Size: _____
 Last Name: _____ First Name: _____
 Date of Birth: _____ Sex: Male Female Shirt Size: _____

Individual Membership

1 Year Full-Time Student (18-23) \$10 _____
 1 Year Adult \$20 _____
 3 Year Adult \$50 _____
 Club Shirt - Member Price _____ x \$10 \$ _____

Family Membership

1 Year \$30 _____
 3 Year \$80 _____
 Club Shirt - Member Price _____ x \$10 \$ _____

TOTAL \$ _____ **TOTAL** \$ _____

Family Membership: You may include every member of your family if all reside at the same address. Please complete the family membership portion to insure that each member receives his/her membership card. Each family member is entitled to the same benefits as individual members, except the family will receive only one mailing of The Roadrunner newsletter.

Please designate a capacity in which you would like to volunteer to help the club:

- General Help
- Finish Line
- Aid Stations
- Race Registration
- Course Set-up
- Sponsor Recruitment
- Newsletter
- Advertising
- Other

Please send check or money order payable to:
Southern Arizona Roadrunners
P.O. Box 64215
Tucson, AZ 85728-4215

Signature: _____ Date: _____