



The Adirondack Runners
Membership Application

January – December 2018

Name _____ Date of Birth ____/____/____

Address _____ Sex _____

Phone _____ New Member ____ Renewal ____ Address Change ____

Email address where you wish to receive your newsletter _____

For a family membership, List other family members:

Name	Relationship	Sex	date of Birth
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

Membership runs from January 1st through December 31st. Half year memberships begin June 1st.

Individual – Full year \$16.00 \$ _____

Family - Full year \$25.00 \$ _____

Additional Tax Deductible donation:

Loucks Youth Development Fund \$ _____

Scholarship Fund \$ _____

TOTAL\$ _____

Make Checks payable to: *The Adirondack Runners.*

Mail to: The Adirondack Runners, C/O Membership, PO Box 2245, Glens Falls, NY 12801

For more information or questions, contact Cathy Biss, Membership Chairperson

The Adirondack Runners is a nonprofit volunteer organization. It is therefore encouraged that members take part in, and volunteer for, club activities. Please indicate below in what capacities you would like to help and support The Adirondack Runners organization. (Check as many as you wish)

Race Volunteer: ____Polar Cap 4 Mile, ____Shamrock Shuffle, ____Prospect Mt. Race
____Betar 5k and 1mile, ____Adirondack 15K Race to the Lakes, ____Adi ‘run”dack Trail Series ____

Track Series, _____Goblin Gallop, _____Reindeer Run ____Race the Train

Club committees: , ____Christmas Party Committee, ____Grand Prix Committee
____Communications, ____Scholarship, ____Membership, ____Club Officer