



The Adirondack Runners
Membership Application

January 1st, 2017 - December 31st, 2017

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/Half year \$8.00 \$ _____
Family - Full year \$25.00/ Half year \$13.00 \$ _____

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, ___ Distance Run, ___ Adi 'run" dack Trail Series
___ Track Series, ___ Goblin Gallop, ___ Reindeer Run

Club committees: ___ Picnic Committee, ___ Christmas Party Committee, ___ Grand Prix Committee
___ Communications, ___ Scholarship, ___ Membership, ___ Club Officer