



WHITE RIVER ROADRUNNERS

Membership application

Name _____ DOB _____

Address _____

City/State/ZIP _____

Phone: Home/Cell _____ Work _____

Email _____

Runner _____ Walker _____ T-shirt size _____

Place of employment _____

Spouse/Children (for family membership; use bottom or back if needed):

Spouse _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Annual membership dues: \$15 individual/\$25 family (all immediate family members living in the same household)

Prorated club dues:

January-April signup: \$15 individual/\$25 family

May-August signup: \$10 individual/\$15 family

Sept-Dec signup: \$5 individual/\$10 family

Make checks payable/mail to:

White River Roadrunners, 3071 Peggy St., Batesville, AR 72501

Signature _____ Date _____