Membership Application

(If Family Membership, Name and Birth Date of Each Member)

Last Name	First Name	Middle Name	Date of Birth

Address _____ City/ State/ Zip Code _____

Home Phone _____ Work Phone _____

Occupation _____ email address _____

Please Check Below:

Runner _____ OR Walker _____

New Member _____ OR Renewal _____

Family Membership _____ OR Individual Membership _____

I would like to serve on one or more of the following committees:

Membership_____ Race_____ Special Events_____ Newsletter_____

Other Areas of Interest: _____

Membership dues are paid each January and entitle you to one full year of membership.

January - December Membership $15.00 for family $10.00 for individual

Donation to support Scholarship Program $ _____

Amount Paid $ _____

Please mail the form to:

Greater Evansville Runners/Walkers Club (GERWC)
PO Box 3835
Evansville, IN 47736-3835

Make checks Payable to:

Greater Evansville Runners/Walkers Club (GERWC)