



### Wolfpit Running Club Membership Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If family membership, names of other family members who are joining:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### **Annual Membership dues**

Adults (19 or over) \$15

Junior (18 or younger) \$5

Family Membership: \$20

#### **Make check Payable to: Wolfpit Running Club**

Mail to: Wolfpit Running Club

P.O. Box 48

Ridgefield, CT 06877