



The Adirondack Runners

Membership Application

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 March 1st through February 28th. Half year memberships begin Sept. 1st.

Individual – Full year \$16.00/Half year \$8.00 \$ _____

Family - Full year \$20.00/ Half year \$10.00 \$ _____

Youth - \$5.00 full year (12 years and younger) \$ _____

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)

- Grand Prix Committee ____ Race Registration _____ Race Safety _____
- Picnic Committee ____ Highway Cleanup _____ Refreshments _____
- Scholarship Committee ____ Race Directing _____ Race Split Timer _____
- Membership Committee ____ Water Stop Help _____ Finish Line Help _____
- Nominations Committee ____ Course Bicycle Safety _____ Officer Position _____
- News Letter/Runner Profiles _____ Website Committee _____