



MEMBERSHIP APPLICATION

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Gender: _____ Age: _____ Occupation: _____

Email: _____

Shirt Size (please circle): SM MED L XL

Please check applicable:

___ Runner/Walker Member - \$25(New or Renewal)

___ Family Membership - \$40(New or Renewal)

___ Senior Member - \$20 (60 years of age +)

___ Student- (18-under)/Military Member - FREE

Recommended by: _____

Family Member Info:

Spouse Name: _____ Phone: _____

Gender: _____ Age: _____ DOB: _____ E-Mail: _____

Children (use reverse side for additional names, if necessary):

Name: _____ Name: _____

Gender: ___ Age: ___ Date of Birth: ___ Gender: ___ Age: ___ Date of Birth: ___

Please give a brief description of yourself (running goals, personal accomplishments, favorite race, distance, etc.)

**Checks are made out to Richmond Rockets

Mail application and check to:

Nancy Wagner-Wetzel 81 Alan Loop, Staten Island, NY 10304