

CRR MEMBERSHIP APPLICATION (May be copied)

Cherokee Road Runners - Mail to : P.O. Box 34532, Louisville, Kentucky 40232

Name: _____ Membership is \$15.00 per year,
Family Membership \$ 20.00 per year

Referred by: _____ New Member Renewal

Address: _____ Continual Member Since _____

City: _____ State: _____ Zip _____

Date of Birth: ____/____/____ Sex: Female Male

Home Phone: (____)_____ Work Phone: (____)_____

Pager Number: _____ Digital Voice

Email Address: _____ Occupation: _____

Will you volunteer to assist with CRR races? Yes No

The following information is voluntary and used only so we may better determine the needs of our membership.

Spouse's Name: _____ Age: _____

T-Shirt Size: M ___ L ___ XL ___

Make checks payable to: Cherokee Road Runners

Signature _____ Date _____

10/08/00