



Membership Application

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Gender: _____ Age: _____ Occupation: _____

Email (for monthly newsletter): _____

Shirt size (please circle): SM M L XL

Please check applicable:

Individual Member - \$20 (New or Renewal) Family Membership - \$35 (New or Renewal)

Student/Military - Free Recommended by: _____

Family Member Info:

Spouse Name: _____ Phone: _____

Gender: _____ Age: _____ Date of Birth: _____ Email: _____

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

Name: _____ Name: _____

Gender: _____ Age: _____ Date of Birth: _____ Gender: _____ Age: _____ Date of Birth: _____

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.)

Mail application and check to Diane Greco, 52 Park Place, Staten Island, NY 10301