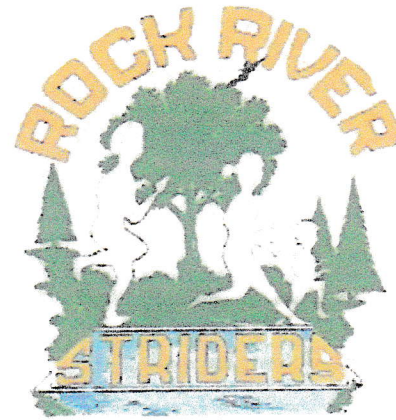


ROCK RIVER STRIDERS MEMBERSHIP APPLICATION



Name:		Birthdate:	
Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City:	State:	Zip:	
Phone:		Email:	
Check One: <input type="checkbox"/> New Member <input type="checkbox"/> Renewal		<input type="checkbox"/> Runner <input type="checkbox"/> Walker	
Membership Options:	1 Year	2 Years	3 Years
1. Single	<input type="checkbox"/> \$10	<input type="checkbox"/> \$18	<input type="checkbox"/> \$26
2. *Family	<input type="checkbox"/> \$15	<input type="checkbox"/> \$28	<input type="checkbox"/> \$40
3. Sponsor	<input type="checkbox"/> \$30	<input type="checkbox"/> \$55	<input type="checkbox"/> \$80
4. Student	<input type="checkbox"/> \$5		

Family Membership: Limited to immediate family members at the same address, including children 18 and under. Please list names, ages and birthdates:

Make checks payable to: "Rock River Striders"

PLEASE return this form with your check. Thank You!

Are you interested in volunteering for club events? Yes No

RRS Races Newsletter Membership Computer Other

Fill out this form, print it, and send it with your check or money order to :

Daryl Reitz
1001 29th Ave
Silvis, IL 61282

We apologize for the inconvenience of having to mail a check!