

Membership Application



Abilene Runners Club
P.O. Box 7371
Abilene, Texas 79608
www.abilenerunners.com

Fees: (Check one) Individual \$25.00 () Family \$35.00 ()

Amount Enclosed \$ _____

*****Please note any changes in address/phone information, if there are no changes leave information blank** IF YOU ARE A CURRENT MEMBER OF THE CLUB!***

Name: _____

Age: _____ Sex: _____ T-Shirt Size S M L XL

Mailing address: _____

City: _____

State: _____ Zip: _____

Email address: _____

Phone : work _____ home _____

Additional Family Members: _____

Signature: _____

Date: _____

**Parents Signature
(If under
18):** _____
Date: _____

Volunteer Interests: Races () Social Activities () Leadership Team ()
Corporate Sponsorship ()

Send the completed form and check to Abilene Runners Club at the address shown at the top right.

Question can be addressed to abilenerunnersclub@gmail.com

