



POCONO AREA RUNNING CLUB

MEMBERSHIP APPLICATION

___ Individual Membership (\$12 annual)

___ Family Membership (\$24) Family members must reside at the same address. Please list all family members. Use additional sheet if necessary.

NOTE: List primary contact first. Please print clearly, especially your email.

Name: _____ Gender _____ Age _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Additional Family Members:

Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____

Members are encouraged to participate actively in club activities. Would you be willing to volunteer your help at a club event? _____ Yes

Would you be willing to serve on a club committee? _____ Yes

Any special interest? _____

Please mail this application and check payable to PARC to:

Pocono Area Running Club
PO Box 845
Stroudsburg, Pa 18360