



MEMBERSHIP APPLICATION

MAIL FORM WITH CHECK PAYABLE TO:

Massapequa Road Runners

P.O. BOX 189

MASSAPEQUA PARK, NEW YORK 11762

Please select membership type: Family: \$30 for 1 year
 Individual: \$20 for 1 year

Memberships are annual, running January 1 thru December 31 each year.

Full Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Male | Female (circle one)

Occupation: _____

How did you hear about us _____

Family Membership - List additional names and birth dates.

I understand that all MRR activities are intended to promote good health, so I assume responsibility for participating as far as my own physical fitness is concerned, and for any injuries or accidents that might occur as a result. I therefore release and waive any rights or claims for damages which I might otherwise have against the Massapequa Road Runners, Inc., as well as other persons or party connected with the Club's activities, their officers, administrators, successors, or assigns.

Signature: _____ Date: _____

Application must be signed by a parent or guardian for members under the age of 18

MASSAPEQUA ROAD RUNNERS, INC.
P.O. BOX 189, MASSAPEQUA PARK, NEW YORK 11762