



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: _____ M F (circle)

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

E-Mail: _____ Date of Birth: _____

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.

Date: _____ Signature: _____

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