

ANCIENT CITY ROAD RUNNERS - ST. AUGUSTINE, FLORIDA

MEMBERSHIP FORM

Date of Application: _____ (ACRR Use only: Cash__ Check #__)

Your contact information

Name _____
Address: _____
City, State, Zip: _____
Phone: _____
E-Mail: _____
Date of birth: _____
Names of additional family members if joining as a family:

Membership Information:

Please circle one: new member renewing member I am updating contact info only

Please circle one: Student \$15/year Individual \$20/year Family \$30/year

NOTE: All membership dates run January 1 to December 31 regardless of date you apply.

Sign Here

Please sign here, and if you are under the age of 18, please have your parent or guardian sign.

Name

Date

Your membership card will be mailed or hand delivered to you.

Please include payment by **check payable to: Ancient City Road Runners**, and if by cash, please see one of the officers of the club in person for cash payment of membership.

Send this form and payment to:

ACRR, ATTN: membership

P.O. Box 4111

St. Augustine, FL 32085

For questions, you can write to us or email: matanzas5k@gmail.com