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:jay@ancientcityrr.org