



**ST. ALBERT ROAD RUNNERS AND TRIATHLON CLUB
MEMBERSHIP APPLICATION FORM**

RENEWAL OR NEW MEMBER (R/N) _____ DATE _____

NAME(S) OF ADULT FAMILY MEMBERS WISHING TO JOIN

FAMILY NAME	FIRST NAME	MIDDLE INITIAL	SEX(M/F)	D.O.B. (YYYY/MM/DD)	FEE
1. _____	_____	_____	_____	_____	\$20
2. _____	_____	_____	_____	_____	\$10
3. _____	_____	_____	_____	_____	\$10
4. _____	_____	_____	_____	_____	\$10
TOTAL					_____

ADDRESS AS YOU WANT IT SHOWN ON MEMBERSHIP LIST AND MAILINGS

Name(s) _____

Street _____

City _____ Prov. _____ P_Code _____

Telephone (res) _____ (work) _____ (cell) _____

e-mail address _____

*Annual (Jan. 1 - Dec. 31) membership fee is \$20 for first adult member, \$10 for each additional adult immediate family member. Please make cheque payable to St. Albert Roadrunners and Triathlon Club.
Mail to STARRT, P.O. Box 17, St. Albert, AB, T8N 1N2*