

Membership Form

_____ First Name: _____

Last Name: ____

Birth date (mm/dd/yy):			(Gender: (M/F)	Runner (R) or Non-Runner (N):	
Street address:				City, State, Zip:		
Н	ome Phone:		Wor	k Phone:	Cell Phone:	
Eı	mail address:					
					Approx. Training Pace:	
If you prefer a family membership, please provide the follow want added to our database. All information is required, exc Name M Birth date (mm/dd/yy) Work Phone F					Runner or Non- Runner	
		r				(R/N)
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We might publish a Strider directory which will include name, address, home & work phone and email address. This will only be available to other Strider members.

Is it ok for us to publish your contact information in our membership directory? **Yes / No** If no, cross off any items you do not want published: email; home phone, work phone; address.

Thank you in advance for your participation in the Striders and for taking the time to renew your membership!

Please mail your membership to: Steve Austin 11 Parkview Rd. Long Valley, NJ 07853