



Membership Application Form

Date _____

Organization _____ (Race Sponsor, Club Affiliate, Business Affiliate)

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____

Zip _____ Country (Non US) _____

Birth Date _____ Telephone # _____ Email _____

Membership: New member Renewal

<u>Member Type</u>		Price
Governing, 18 & Over	<input type="checkbox"/>	\$20.00
Family	<input type="checkbox"/>	\$25.00
Junior, 5-17	<input type="checkbox"/>	\$ 7.50
Race Sponsor	<input type="checkbox"/>	\$ 30.00
Club Affiliate	<input type="checkbox"/>	\$ 30.00
Business Affiliate	<input type="checkbox"/>	\$ 30.00
Foreign (US funds only.)	<input type="checkbox"/>	Canada/Mexico: Add \$5.00; All others add\$10.00

For family membership - other than above member, please complete the following:

NAME	BIRTH DATE

Total Amount Enclosed: \$

Recruited by

Print and send membership form to:

**Paula Thiel
 487 Wylie School Rd
 Voluntown, CT 06384**