

Robeson Road Runners
Membership Application

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Health/Fitness

Interests: _____

Membership Type: _____ Individual _____ Family

Ways you might want to become involved in club activities (eg. race events, PR, member recruitment, just joining to be more active, etc.)

Emergency Contact: _____

Relationship: _____ Phone #: _____

Waiver:

In exchange for my acceptance as a member of the Robeson Road Runners, I hereby hold harmless and indemnify the Robeson Road Runners organization and all affiliated persons, including but not limited to, members, sponsors, partners and board members. I agree to abide by Robeson Road Runner policies and understand that my membership must be renewed annually to receive club privileges without interruption.

Signed

Date

Parent's Signature (if member is under 18 years of age)

Date

Please mail this form and fee, payable to the Robeson Road Runners to:
The Robeson Road Runners, PO Box 473, Lumberton, NC 28359

Membership Fee: \$10 individual, \$25 Family.