

NOTE: Any new paid memberships beginning October 1 are automatically enrolled for the full upcoming year. If joining in the middle of the year, prorate dues at 50¢/month single, or \$1/month family.

| | |
|---|--------------------------------------|
| Date: | |
| <input type="checkbox"/> Self only (\$6/year) | |
| <input type="checkbox"/> Self & Family (\$12/year) | |
| Name: | |
| Street Address: | |
| City, State, Zip: | |
| Home Phone: | |
| Work Phone: | |
| Email address: | |
| Birth Date: (Day, month only. for newsletter) | |
| HOW DID YOU HEAR ABOUT ALL WEATHER WALKERS? (Please circle all that apply) | |
| <input type="checkbox"/> Walking event | <input type="checkbox"/> Health fair |
| <input type="checkbox"/> Internet/online | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |

Mail completed application to:

Membership

All Weather Walkers

PO Box 241

Vancouver, WA 98666-0241