



Saskatoon Road Runners Association 2010 Membership

Name:		Membership # (admin use only)
Street Address:		
City:		
Province:		
Postal Code:		
Phone:	Were you a member in 2009? (please circle) NO YES 2009 member # _____	
Age:		
Email address: (PLEASE – PRINT CLEARLY)		
Additional Members (if Family membership):	2 adults, plus children UNDER 18 years of age constitute a family membership. (please sign up only those you expect to participate in our events)	Membership # (admin use only)
Name:		Age:
Name:		Age:
Name:		Age:
Name:		Age:
Membership Category (check one)		
Individual:	\$20	<input type="checkbox"/>
Family:	\$40	<input type="checkbox"/>
Date:		
Signature:		

Make cheque payable to SRRA and mail to:
SRRA
Membership
Box 5081
Station Main
Saskatoon, SK S7K 4E4