



MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BIRTHDATE MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

**Acknowledgement of Risk:**

I, the undersigned, am aware that there is an inherent risk of injury in my participation in running. These risks may arise from, but are not limited to participating in and travel to or from events, and attending or participating in programs or activities organized by the Vernon Pacers, its representatives and agents. It is understood by me that by signing this document I assume full responsibility for, and acknowledge the risk of, injury or death to my person howsoever caused by participating.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Annual Membership Dues: \$25.00 (Jan 1 to Dec 31)

Please make cheques payable to "Vernon Pacers".