



Altoona Triathlon Club Inc. MEMBERSHIP APPLICATION

Name: _____ New Application _____ Renewal _____

Address: _____ Contact Phone #: _____

City: _____ State: _____ Zip: _____

Male: _____ Female: _____ Date of Birth: _____ / _____ / _____ USAT# (if have one) _____

Email Address: _____ Print legibly please!

E-mail addresses will NOT be distributed to any outside parties, and will be primarily used to notify members of upcoming events and deadlines. It is each member's responsibility to check the club's web page and newsgroup for updates and information. You will get an email invite to join the newsgroup when the treasurer receives this membership application.

EMERGENCY CONTACT:

NAME: _____ TELEPHONE: _____

MEMBERSHIP CATEGORY:

_____ Individual (\$25/year)

_____ Family living in same household (\$40/year) _____ # of family members

(complete separate application and signed liability waiver for each family member)

For members under 18, Parent/Guardian

Name: _____

Parent/Guardian Address: _____ Phone: _____

Make checks payable to Altoona Triathlon Club Inc.

Membership is good for 12 months. You must sign and return this form, the ATC liability form, and pay the required membership dues in order to be considered a member. A membership card will be mailed to you.

Mail application and Altoona Triathlon Club check to:

Altoona Triathlon Club Inc.

Kerrie Bernstein, Secretary

301 11th St NW

Altoona, IA 50009

