

MEMORIAL PARK



RUNNING CLUB

Join now

Memorial Park Running Club

1611 Kipling Street

Houston, TX 77006

Type of Membership (check appropriate box):

Individual (\$20) Family (\$25)

Member(s) Information:

(Please print clearly)

Name: _____

Address: _____

City/State/Zip: _____

Phone: home _____ work _____

Email address: _____

Sex: Female _____ Male _____

Birthdate: __/__/____ (mm/dd/yyyy)

Do you wish to have your name, address, phone number, email address and birthdate added to the club distribution list? Yes _____ No _____

If family membership, list information for each family member.

NOTE: To be eligible for family membership, family members must live in the same household.

Name _____ Relationship _____ Sex ___ Birthdate __/__/__

Name _____ Relationship _____ Sex ___ Birthdate __/__/__

Name _____ Relationship _____ Sex ___ Birthdate __/__/__

T-Shirt Size (**One complimentary shirt per new member application**, extras available for a fee upon request)

__S __M __L __XL

Date of application: __/__/__ New Applicant ___ Member renewal ___

Signature: _____

Make checks payable to Curtis Chin, placing the words MPRC dues in the 'For' box of the check, and send the application and check to the address at the top of this form.



www.mprchouston.com

