

Albany Fitwalkers' Membership Application

Date: _____

Names(s): _____

Address: _____

City/State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____
(Will not be sold, spammed, or used for personal advertising)

Birthday (month/date) for recognition only: _____

Dues: \$10.00 per individual or family, per year.

Mail check to Albany Fitwalkers, P. O. Box 1218, Albany, OR

Are you currently a volkswalker? Yes _____ No _____

What information are you interested in?

Organized Weekend Events _____

Year-Round Events _____

Albany Fitwalkers' Thursday Walks _____

Albany Fitwalkers' Saturday AVA Walks in Other Towns _____

Albany Fitwalkers' Sunday Strolls _____

Joining the American Volkssporting Association (AVA) _____

Purchasing event and/or distance books _____

Carpooling to events _____

Assisting on FITWALKER committees _____

Membership _____ Publicity _____ Year Round Events _____

Club's Thursday/Saturday Walks & Sunday Strolls _____

Historian _____ Trailmaster _____ Newsletter _____