



P.O. Box 473, Lumberton, NC 28359

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: _____

Waiver:

In exchange for my acceptance as a member of the Robeson Road Runners, I hereby hold harmless and indemnify the Robeson Road Runners organization and all affiliated persons, including but not limited to members, sponsors, partners and board members. I agree to abide by Robeson Road Runner policies and understand that my membership must be renewed annually to receive club privileges without interruption.

Signed

Date

Parent's signature if under 18 years of age

Date

Please mail this form and fee payable to the Robeson Road Runners to:

The Robeson Road Runners
P.O. Box 473, Lumberton, NC 28359
Membership Fee: \$10 per individual.

_____ Yes, I would like to be contacted to help organize and plan Robeson Road Runners Events.