



MVRA MEMBERSHIP APPLICATION ~ Mississippi Valley Running Association

NAME: _____ Date of Birth ___/___/___

Age: _____ Sex: (circle) M F PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MEMBERSHIP STATUS: (circle) New Renewal (member since _____) Email: _____

MEMBERSHIP TYPE: Each membership is valid for 1 year, unless you choose a multiyear opt \$ x2 for 2 year, \$ x3 for 3 yrs etc.

PLEASE CIRCLE TYPE: INDIVIDUAL (\$15) FAMILY (\$25) Family limited to immediate members living at same household address.

LIST FAMILY MEMBERS:

NAME: _____ BIRTHDATE: ___/___/___ NAME: _____ BIRTHDATE: ___/___/___

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SEND CHECK TO: MVRA PO Box 854, Dubuque, IA 52004-0854

Membership entitles you to a discount at MVRA events, a member only E-newsletter, and a 10% discount at The Shoe Shack in Dubuque. VISIT OUR WEBSITE @ www.MVRADubuque.com

*Volunteer Opportunity. Please circle if you would like to volunteer at the following events.

Heritage Trail Run (May) Grandview Gallop (June) Benefit Classic (Labor Day) Winter Iowa Games (January)



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