

INDIANHEAD TRACK CLUB MEMBERSHIP FORM



Name:
Spouse and Children (if family membership)
Address:
City, State ZIP:
Home Phone:
Email address:

Membership Fees <small>(from 1/1 to 12/31 in a calendar year)</small>	Price	Your Cost
<input type="checkbox"/> Student	\$10	
<input type="checkbox"/> Single	\$15	
<input type="checkbox"/> Family	\$25	
<input type="checkbox"/> Benefactor	\$Any	
Total		

I am interested in helping with:

- | | |
|--|---|
| <input type="checkbox"/> ITC Races (e.g. course worker, registration, timing, etc.)
<input type="checkbox"/> Banquet Committee (January)
<input type="checkbox"/> Children's Running Program
<input type="checkbox"/> Newsletter (Mailing, Writing, etc.) | <input type="checkbox"/> Race Direction (lots of help available)
<input type="checkbox"/> Summer Picnic(July)
<input type="checkbox"/> Membership Committee |
|--|---|

Make check payable to **Indianhead Track Club (ITC)**
 Mail to: ITC, c/o Paul Wagner, 120 S. Michigan St., Eau Claire, WI 54703