

# WRRC Membership Form

Please fill out this form on your computer and then print and mail to our membership director at:

**Wabash River Runners Club**  
**PO Box 2493**  
**West Lafayette, IN 47996-2493**

Name:

Street Address:

City:  State:  ZIP:

Email:

Please provide your e-mail address so that we can add you to our mailing list to get club updates.

Phone:

Is this a **New membership**  or a **Renewal**  ?

**Type of membership:**

Individual - \$12

Couple (or parent\child) - \$20

Family - \$25

**Family Members included in membership:**

Name

Email

Name

Email

Name

Email

Name

Email

*Couple and family memberships must share a street address.*

**Club Use Only**

**Expiration Date:** \_\_\_\_\_