



OCALA RUNNERS CLUB

OCALARUN.ORG

Last NAME: _____ Male: _____

First NAME: _____ Female: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

If FAMILY Membership LIST family names: _____

Signature: _____ Date: _____

ANNUAL DUES: Individual _____\$10

Family _____\$15

Junior (under 18) _____\$8

Senior (65+) _____\$8

_____ New Member

_____ Renewal

MAIL APPLICATION WITH DUES TO:

OCALA RUNNERS CLUB

PO BOX 5621

OCALA, FLORIDA 34478-5621