

Application for or Renew
Blue Springs Runners Membership

Name: _____ Male _____ Female _____

Street: _____ City _____

State: _____ Zip: _____ Email: _____

Cell Phone: _____ Home Phone _____

Occupation _____ Birth Date _____

Circle applicable category: \$15 Single Membership \$20 Family Membership

If Family list others: _____ DOB _____

_____ DOB _____

_____ DOB _____

Sign waiver below and mail to Blue Springs Runners, PO Box 751, Blue Springs, MO 64013 or give to a Blue Springs Runner Officer.