

Willamette Wanderers Membership Application

Date: _____ Birth Month/Day (for recognition only): _____

Name(s): _____

Address: _____

City/State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

(E-Mail address will not be sold, spammed, or used for personal advertising.)

Annual Dues: \$5 individuals/\$10.00 per family.

Mail check to: Willamette Wanderers
PO Box 13982
Salem, OR 97309

For an additional \$10.00, a member can receive a club t-shirt.

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How did you learn about the Willamette Wanderers? _____

Are you currently a volkswalker? Yes _____ No _____

Are you interested in:

Organized Weekend Events? _____

Year-Round Events? _____

Wanderers' Thursday Walks? _____

Wanderers' Saturday Walks in Other Towns? _____

Wanderers' Sunday Strolls? _____

Keeping Track of your events and/or distances? _____

Carpooling to events? _____

Joining the American Volkssporting Association (AVA)? _____