

Willamette Wanderers Membership Application

Date: _____

Name(s): _____

Address: _____

City/State: _____

Preferred Phone: _____ Alternate Phone: _____

E-Mail: _____

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

Annual Dues: \$10 individuals/\$15.00 family. Mail check to: Willamette Wanderers
PO Box 13982
Salem, OR 97309-1982

.....
How did you learn about the Willamette Wanderers? _____

Are you currently an AVA walker? Yes _____ No _____

Do you wish to purchase a club t-shirt? Yes _____ No _____

Are you interested in:

 Attending the monthly club meetings? _____

 Helping the club in its operations (e.g., walk events)? _____

 Wanderers' Thursday Walks? _____

 Wanderers' Sunday Strolls? _____

 Weekend AVA Walks in Other Towns? _____

 Possibly carpooling to events? _____

 Learning about the American Volksporing Association (AVA)? _____