

Cedar Valley Running Association Membership Form



(Print and Complete)

New Member Renewal

Personal Information

Name _____ Age _____

Gender Female Male

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Referred by _____

Household memberships – please list additional members:

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Volunteer Opportunities

I would like to be contacted about CVRA volunteer opportunities

Please mark any volunteer activities that interest you:

Events Newsletter Merchandise Equipment

Other _____

Annual Dues

Type	Cost
Individual	\$20.00
Household	\$25.00
Charitable	\$30.00

*Please make checks payable to CVRA

Mail completed form and membership dues to:

CVRA

P.O. Box 1341

Cedar Rapids, IA 52406-1341