



# Membership Application & Renewal Form

## Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ *Circle One:* Mobile Home

Email \_\_\_\_\_

Please add me to the Volunteer List

## Membership Information

Individual \$10

Family \$12 (list names below; phone & email optional)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Payment Information

Membership Fee \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

**Total Enclosed** \$ \_\_\_\_\_

Make checks payable to "Iowa's Walking Club"

### Mail form with payment to:

Iowa's Walking Club

PO Box 110

Des Moines, IA 50301-0110

Or, bring this form and payment to a walking event or monthly meeting.