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 $15

☐ Family $20 (list names below; phone & email optional)

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

☐ "Golden Age" (free). I will be 80+ years old by Jan. 1, 2027

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.

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