



## Membership Application/Renewal

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
E Mail Address \_\_\_\_\_

### MEMBERSHIP TYPE:

Family (Non USATF member)	\$20.00	_____
Family (USAFT member)	\$15.00	_____
Individual (Non USATF member)	\$15.00	_____
Individual (USATF member)	\$10.00	_____

Endorse check to “Pineland Striders” and mail to:

Pineland Striders  
c/o Sarah Miller, Treasurer  
101 Brynwood Ct,  
Mickleton, NJ 08056