

**Niagara Walkers Membership Form**  
January 1, 2008 - December 31, 2008

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**If Family Membership list other members below**

Name	M/F	Relationship	Date of Birth
_____			
_____			
_____			
_____			
_____			
_____			

**Fee: \$10 Individual / \$20 Family    Checks payable to: Niagara Walkers Club**

**Dues** \_\_\_\_\_  
**Donation** \_\_\_\_\_  
**Total Enclosed** \_\_\_\_\_

**Send completed form to:**  
**Dave Lawrence**  
**Niagara Walkers Club**  
**94 Harding Avenue**  
**Kenmore, NY 14217-1408**