



NEW YORK WALKERS CLUB
membership application (\$20.00)



new_____renew_____

NYWC#_____

please print clearly in ink

_____ last name first name

_____ mailing address

_____ city state zip

_____ home phone business phone cell phone

_____ email address

_____ male female age birth date

_____ occupation employer

**Yes, I accept your invitation to become a member of the New York Walkers Club.
I understand that I am immediately eligible for all member benefits and that my membership
will help support the club's efforts to promote walking for fitness and for competition.**

_____ signature date

**make checks payable to: New York Walkers Club
1020 Grand Concourse Suite 15X
Bronx, New York 10451
email: wilson1947@verizon.net
phone: 718-588-0441**