



TODAY'S DATE: _____

CHOOSE ONE: _____ INDIVIDUAL MEMBERSHIP \$20

_____ FAMILY MEMBERSHIP \$25

_____ IRONFOOT (PAST SPRING/FALL/ALRC – FREE)

MEMBER NAMES:	Age	Birth Date	HARRA #
_____	/____	/_____	/_____
_____	/____	/_____	/_____
_____	/____	/_____	/_____
_____	/____	/_____	/_____
_____	/____	/_____	/_____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OFFICE _____ CELL _____

EMAIL ADDRESS _____

MAKE DUES CHECK PAYABLE TO: AL LAWRENCE RUNNING CLUB

Mail to:

Paula Cassidy
613 East 5th St.
Houston, TX 77007

pcassidy1976@yahoo.com