



**MEMBERSHIP APPLICATION FY2009  
PLEASE PRINT CLEARLY IN INK**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Occupation \_\_\_\_\_ E-Mail \_\_\_\_\_

In consideration of my decision to participate in Chicago Walkers Club activities, I hereby, for myself, my heirs, executors, administrators, and assigns waive and release any and all right and claim for damages I may hereafter have against the City of Chicago, Chicago Park District, Chicago Walkers Club and its members, officers, leaders, organizers, sponsors, officials, their representatives, successors and assigns for any and all injuries I may suffer by reason of my participation in Chicago Walkers Club activities. I further attest and certify that I am mentally and physically fit to participate in all of the club activities

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Male  Female  New  Renew (any prior membership)

**Committee Interests** –  Membership  Racing  Newsletter  Social  Publicity  Training

**Membership Fee** –  Individual \$15  Family \$25 Family Members \_\_\_\_\_

Annual Membership fee is due **April 1**. Additional \$5 is assessed for “renewals” after June 30. Membership fee for new members joining after October 31 will include April 1 renewal for first year.

Club Shirt Fee: \$12  S  M  L  XL **Total Amount \$** \_\_\_\_\_

Make check payable to: Chicago Walkers Club. Mail to: Colleen Leahy, 2943 N. Seeley Ave., Chicago, IL 60618.

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If you have already renewed your membership for fiscal year ending March 31, 2009, please ignore this application.

**Renew by June 30<sup>th</sup> to avoid late charge fee of \$5.**

Membership fee is due April 1. A late fee of \$5 is assessed for members renewing after June 30th, a grace period of three months! New members who join after Nov. 1<sup>st</sup> will be considered as prepaid for the following year. A new application must be completed each year because our insurance policy requires that the waiver must be signed each year.

If you have any questions, please contact Colleen Leahy at 773-348-0384 or at colleen43@gmail.com.