

**Manitoba  
Runners'  
Association**



## MANITOBA RUNNERS' ASSOCIATION 2017 Membership Application Form

\_\_\_ \$40.00 Individual      \_\_\_ \$15.00 Youth 16 & Under/Junior 18 & under/Student

Student # \_\_\_\_\_

\_\_\_ Family Membership \$40.00 for 1<sup>st</sup> member and \$5.00 for each additional member

\_\_\_ School Membership \$40.00

\_\_\_ New (If new where did you hear about the MRA?) \_\_\_\_\_

\_\_\_ Renewal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

M \_\_\_ F \_\_\_      Date of Birth: Day \_\_\_ Month \_\_\_ Year \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Phone: Home: (\_\_\_) \_\_\_\_\_ Cell: (\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I'd like to get updates and results by above e-mail: Yes \_\_\_ No \_\_\_

I'm interested in volunteering at the MRA \_\_\_\_\_

If applying for a family membership, complete the following for each member.  
(Attach additional sheet if necessary)

Name	M/F	Day/Month/Year
_____	___	___/___/___
_____	___	___/___/___
_____	___	___/___/___
_____	___	___/___/___

In consideration of my acceptance as a member in the Manitoba Runners' Association, I hereby agree to follow all rules and regulations set down by the Manitoba Runners' Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of Parent or Guardian \_\_\_\_\_


Make cheques payable to:  
Mail to:

**Manitoba Runners' Association**  
**P.O. Box 34148 Fort Richmond**  
**Winnipeg, MB R3T 5T5**

**Phone: 477-5185**

**Website: [www.mraweb.ca](http://www.mraweb.ca)**

**E-mail: [office@mraweb.ca](mailto:office@mraweb.ca)**

  
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