

WYOMING VALLEY STRIDERS

Membership Application

(please type or print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail _____

Date of Birth _____

Signature _____

Return with \$5.00 to:

WYOMING VALLEY STRIDERS
c/o Vince Wojnar
295 South Mountain Blvd.
Mountaintop, PA 18707-1915