

# 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