

WINDY CITY WALKERS
MEMBERSHIP APPLICATION
2019

Name (s): _____

Address: _____

Phone: _____

Home

Cell (optional)

Email: _____

Membership fee (due January)

Individual \$8.00. Each additional family member \$4.00

If joining after June 30 membership fee is \$4.00 each.

Amount paid: \$ _____

Date paid: _____

Please make checks payable
to Windy City Walkers

Mail to: Therese Glatzhofer
 9725 South Karlov Avenue #610
 Oak Lawn, Illinois 60453-3341
 708 425-0211
 tglatz30@yahoo.com