

WINDY CITY WALKERS  
MEMBERSHIP APPLICATION  
2020

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