



# Membership Application

**Port City Pacers Road Runners Club, Inc**  
P.O. Box 6427, Mobile, Alabama 36660  
358 Morgan Avenue, Mobile, Alabama 36606  
PH: 251-473-7223; Fax: 251-473-7997  
Web: PCPacers.org



The Port City Pacers (PCP) was organized in Mobile, AL in 1979 as a non-profit chapter of the Road Runners Club of America (RRCA). It was founded to educate Mobilians about the benefits of running. Membership in the Pacers includes a subscription to the *PaceLetter*, the club's monthly newsletter, and membership in the RRCA. Membership in the Pacers and the RRCA is open to all regardless of running ability.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Sex (M/F): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- Membership Type:**
- Individual (\$20)
  - Family (\$25)
  - Supporting (\$30)
  - Life - Individual over age 65 (\$250)
  - Life - Family - Head of Household over age 65\* (\$300)
- \*Life membership may not be passed on to children.

**Family Membership:** List other family members below.

Name of Spouse/Partner Last/First/Initial	Birth Date mm/dd/yy	Sex M/F	Email Address

### Children Under Age 19

Name (Last, First, Initial)	Birth Date mm/dd/yy	Sex M/F	Name (Last, First, Initial)	Birth Date mm/dd/yy	Sex M/F

**Volunteer Work:** I would like to help in the following areas:  
Newsletter \_\_\_\_ Race Organization \_\_\_\_ Club Promotions \_\_\_\_ Other \_\_\_\_\_

**Donation:** I would like to make a tax-deductible donation to the Port City Pacers. I would like this donation to go to the:  
Scholarship Fund: \$\_\_\_\_\_ Shoe Fund: \$\_\_\_\_\_ Richard Overbey School Grant Fund: \$\_\_\_\_\_ PCP General Fund: \$\_\_\_\_\_

**WAIVER:** I know that running and volunteering to work in club races are potentially hazardous activities. I know that I should not participate in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete an activity safely. I assume all risks associated with participating in club activities. I know that such risks include, but are not limited to falls, contact with other participants, harmful effects of extreme weather and dangers posed by road conditions and traffic. Having read this waiver and knowing these facts and in consideration of your acceptance of my application for membership, I, for myself and for anyone entitled to act on my behalf, waive and release the Road Runners of America, the Port City Pacers Road Runners club and all sponsors and their representatives and successors from all claims of liabilities of any kind arising from my participation in club activities even though a liability may arise from negligence on the part of persons named in this waiver.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**If under age 18, signature of parent or guardian** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO PORT CITY PACERS AND MAIL TO PORT CITY PACERS, P.O. BOX 6427, MOBILE, AL 36660**