

# INLAND EMPIRE RACEWALKERS MEMBERSHIP

**IER**  
**P.O. BOX 261**  
**Riverside, CA. 92502**  
**ATTN: Membership**

Please Check One:

INDIVIDUAL: \$20.00

FAMILY: \$30.00  (include information below for each member)

NAME \_\_\_\_\_

SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## **What is your primary focus for racewalking:**

Fitness  Competition  Both

Would you participate in technique/speed workout if we offer them? Yes  No

If you race do you prefer?

Marathons  ½ Marathons  Shorter Distance Races

Non-Judged Races  Judged Races