



DESERT SHARKS TRIATHLON CLUB



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MEMBERSHIP APPLICATION

PERSONAL INFORMATION:

RENEWAL _____ NEW MEMBER _____ ADDITIONAL FAMILY MEMBER(S) # _____

DATE: _____ GENDER: _____

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

E-MAIL ADDRESS: _____

EXPERIENCE LEVEL/TRIATHLONS COMPLETED: _____

T-SHIRT SIZE (CIRCLE ONE--THEY RUN A LITTLE BIG): SMALL MEDIUM LARGE X-LARGE

ADDITIONAL FAMILY MEMBER(S) INFO (\$25/INDIVIDUAL RESIDING AT SAME ADDRESS):

(1) LAST NAME: _____ FIRST NAME: _____

GENDER: ____ BIRTH DATE: _____ E-MAIL ADDRESS: _____

T-SHIRT SIZE (CIRCLE ONE): SMALL MEDIUM LARGE X-LARGE

(2) LAST NAME: _____ FIRST NAME: _____

GENDER: ____ BIRTH DATE: _____ E-MAIL ADDRESS: _____

T-SHIRT SIZE (CIRCLE ONE): SMALL MEDIUM LARGE X-LARGE

EMERGENCY INFORMATION:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ TELEPHONE: _____

ANNUAL DUES:

\$35 PER INDIVIDUAL, \$30 RENEWAL, \$25 EA. ADDITIONAL FAMILY MEMBER RESIDING @ SAME ADDRESS

PAYMENT METHOD:

CASH: AMOUNT: _____

CHECK: CHECK NUMBER _____ MAKE CHECKS PAYABLE TO: DESERT SHARKS TRIATHLON CLUB

CREDIT CARD: # _____ EXPIRATION DATE _____ SIGNATURE _____

PLEASE CHECK ONE: _____ VISA _____ MASTERCARD (SMALL SERVICE FEE WILL BE ADDED)

MAIL TO: DESERT SHARKS TRIATHLON CLUB
2015 WEST 13730 SOUTH
RIVERTON, UT 84065

