



320 West 57th Street, Ground Floor, New York, NY 10019

For questions regarding membership, please call **1.855.5MY.NYRR (1.855.569.6977)**

NYRR Membership Application

NYRR Membership # New Renewal

Last Name	First Name
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Address	City	State	ZIP Code	Country
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Home Phone #	Work Phone #	Email
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Date of Birth (mm/dd/yyyy) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	Team
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Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed	Education (check highest level completed) <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School
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Member
 Annual (\$40) Family (\$60) Junior (\$25) Senior (\$25) Armed Services* (\$25) Collegiate* (\$25) NYRR Youth Program Leads and Assistants* (\$25)

Member Plus **Philanthropic Membership**
 Annual (\$100) Family (\$150) Miler (\$1,000) 5K (\$5,000) 10K (\$10,000)

For full details on all NYRR membership options and benefits, please visit www.nyrr.org/membership.

<input type="checkbox"/> Check (make payable to NYRR)	Credit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express CVV# _____	Total \$ _____
	Credit Card Number _____	Exp. Date _____
	Signature _____	

For family membership, enter additional family members** below

NYRR Membership #

Last Name	First Name
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Date of Birth (mm/dd/yyyy) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	Relation to Primary Member
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NYRR Membership #

Last Name	First Name
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Date of Birth (mm/dd/yyyy) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	Relation to Primary Member
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NYRR Membership #

Last Name	First Name
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Date of Birth (mm/dd/yyyy) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	Relation to Primary Member
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*To qualify for our specialty membership types and race discounts, please note that your application will not be accepted without proper documentation. For more information on qualifications, please visit www.nyrr.org/membership. If we do not receive your official documentation within 15 days of your membership registration, your membership will be transferred to an individual membership (\$40) and your card will be charged an additional \$15.

** Open to up to four immediate family members (up to two adults and up to two minors) residing at the same address. Each member will receive a unique member number and will be entitled to all benefits. Up to two additional minors also residing at the address may be included for an additional charge. The household will receive one copy of each mailing, sent to the adult who initiates the purchase of the family membership. Your membership materials will be mailed within 4-6 weeks. Membership is non-transferable and the fee is non-refundable. Once your application has been processed, the membership type cannot be changed, and additional members cannot be added.