



## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

(Email address is used for distributing club information regarding meetings and programs)

Are you interested in coaching? \_\_\_\_\_

Sports you would like to coach? \_\_\_\_\_

Have you taken the Rutgers Safety Carding Class? \_\_\_\_\_

Yearly Membership Fee is \$20.00. Please send this form with your fee to:

**Little Falls Athletic Club**  
**PO Box 149**  
**Little Falls, NJ 07424**