

Come Join Us!



The North Medford Club invites you to join our friendly inclusive community of runners. We offer opportunities for competition, training, camaraderie, fitness and fun. Our club welcomes diversity in our membership and encourages people from all walks of life to sign up.



2025 NORTH MEDFORD CLUB MEMBERSHIP APPLICATION

****Please print clearly and complete all required fields below****

NAME _____ DOB _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ ADDRESS _____

CITY/STATE/ZIP CODE: _____

GENDER: M F Other PRONOUNS _____

MEMBERSHIP DETAILS

COMMUNICATION PREFERENCE:

New Membership Renewal Year Joined _____ Email _____ Postal Mail _____

Membership Plan Single (\$20.00) Family (\$25.00) 65 yrs (\$5.00)

70 yr. (Free) under 18 (Free) 30 yr. member (Free)

Club Membership Waiver (Required): I know that running & volunteering to work in club races are potentially hazardous activities. I should not enter and run 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 safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being know and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application of membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the North Medford Club and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the club activities even though that liability my arise out of negligence or carelessness on the part of the persons named in the waiver.

SIGNATURE _____ PARENTS (If under 18) _____

FAMILY MEMBERSHIP, PLEASE LIST:

NAME _____	DOB _____	EMAIL _____
NAME _____	DOB _____	EMAIL _____
NAME _____	DOB _____	EMAIL _____
NAME _____	DOB _____	EMAIL _____

*******NOTE: PLEASE MAKE CHECK OUT TO THE NORTH MEDFORD CLUB AND PAY AT ANY CLUB RACE OR SEND APPLICATION AND CHECK TO GEORGE HIGGINS, 100 LINDELL AVE., LEOMINSTER, MA. 01453. APPLICATIONS MAY ALSO BE SUBMITTED AND PAID FOR VIA PayPal ONLINE AT NMC.ORG**

(OFFICE USE ONLY) AMT. PAID _____ DATE _____ HAS CARD NEEDS CARD