



NEW MEMBER REGISTRATION Date: _____

Name: _____

Mailing address: _____

City, state, zip: _____

Primary phone number(s): _____

Email address: _____

Annual membership is \$10 for an individual and \$15 for families.

Please make your check payable to Asheville Amblers and mail to:

Asheville Amblers Treasurer

PO Box 18957

Asheville, NC 28814