

## CSU Membership Form

### Single Section Membership Fees (Circle One):

Individual: 1 year = \$20; Lifetime = \$270; \$3/additional section

Family: 1 year = \$30; Lifetime = \$400; \$6/additional section

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

### Circle the membership options that apply:

Primary Section:      (Running)      (Skiing)      (Orienteering)

Additional Section(s):      (Running)      (Skiing)      (Orienteering)

Type:      (New)      (Renewal)

Subtype:      (Individual)      (Family)

Length:      (Single Year)      (Lifetime)

### Additional Family Members:

Name	Sex	Birthdate	Section(s)	Email
_____	___	___/___/___	_____	_____
_____	___	___/___/___	_____	_____
_____	___	___/___/___	_____	_____
_____	___	___/___/___	_____	_____
_____	___	___/___/___	_____	_____

### Running Section USATF-NE Grand Prix & XC Champs Subscription

CSU supports club member participation in the USATF-NE Grand Prix series and cross country championships. While you may subscribe at a later point in time as well, you have the opportunity to do so now. There are 3 tiers of subscription. Indicate quantity of each below if you wish to purchase (with the name of the family member(s) to whom the subscription applies).

(Tier 1: \$50) => CSU pays full entry for 3 USATF-NE GP or XC races qty \_\_\_\_\_ Names \_\_\_\_\_

(Tier 2: \$100) => CSU pays full entry for 5 USATF-NE GP or XC races qty \_\_\_\_\_ Names \_\_\_\_\_

(Tier 3: \$150) => CSU pays full entry for 8 USATF-NE GP or XC races qty \_\_\_\_\_ Names \_\_\_\_\_

### Orienteering Season Pass

The orienteering season pass covers entry to all regular CSU orienteering races and training events in 2014 (9 park-o races, plus weekend races and training events through the year). Indicate quantity below if you wish to purchase (with the name of the family member(s) to whom it applies)

(\$40 - Orienteering Season Pass) qty \_\_\_\_\_ Names \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_ (Make checks payable to CSU Inc.)

Please return application to:

**CSU c/o Geoffrey Kent**

**2340 Commonwealth Avenue #2-2**

**Auburndale, MA 02466**

