

WINDY CITY WALKERS  
MEMBERSHIP APPLICATION  
2024

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Home

Cell (optional)

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

Membership fee (due January)

Individual \$10.00. Each additional family member \$5.00

If joining after June 30 membership fee is \$5.00 each.

Amount paid: \$ \_\_\_\_\_

Date paid: \_\_\_\_\_

Please make checks payable  
to Windy City Walkers

Mail to: Evalee Dumas  
1633 Wildwood  
Darien, IL 60561  
630-442-7583  
ehdumas@comcast.net