

WINDY CITY WALKERS
MEMBERSHIP APPLICATION
2025

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