WINDY CITY WALKERS
MEMBERSHIP APPLICATION
2027

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: $_____ Please make checks payable
Date paid: _____ to Windy City Walkers

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