



**MADISON AREA VOLKSSPORT ASSOCIATION
MEMBERSHIP APPLICATION**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: () _____

Please list names of others in household who wish to be members:

- I or another person in household am new to Volkssporting. For those new to Volkssporting, one (1) New Walker Packet per household is included with initial membership. Additional New Walker Packets are \$5.00 each.

Membership Fee for Household:

- \$12.00 if Joining Jan 1 – June 30 **or**
 \$6.00 if Joining July 1 – December 31

- Extra New Walker Packets _____ x \$5.00

- Donation *

Total Enclosed:

* The Madison Area Volkssport Association (Dairyland Walkers) is a non-profit organization with 501(c) (3) status. All donations are greatly appreciated and are fully tax deductible.

Volunteering: The Dairyland Walkers is a 100% volunteer-run organization. Please consider volunteering in whatever way you can. We always need people to assist us at events, with meetings, developing walk routes, with the newsletter, and many other tasks.

- I would like to volunteer. Please keep me informed as to what volunteer opportunities are available.

Please make check payable to the **Madison Area Volkssport Assn.** and send along with this form to:

Madison Area Volkssport Assn.
c/o Mary Liebig, Membership Chair
6809 Bootmaker Way
Windsor, WI 53598