

# TRAS MEMBERSHIP APPLICATION

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Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Sex:  Male  Female

Disabled  Non-disabled  Veteran which war? \_\_\_\_\_

Specify Disability \_\_\_\_\_ Date of Onset \_\_\_\_\_

List Family Members (family membership only)

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies or restrictions/limitations we should be aware of during activities:

\_\_\_\_\_

\_\_\_\_\_

For statistics only (circle one):

African American  
Asian American  
Caucasian American  
Hispanic American  
Native American

**Membership Dues** (fees help pay for cost of mailings, insurance and chapter dues):

Individual (\$20)  Family (\$30)  \$\_\_\_\_\_ Patron Gift

Status:  New Member  Renewal

Please make checks payable to TRAS and mail along with application to:

Three Rivers Adaptive Sports/ Membership, P.O. Box 38235, Pittsburgh, PA 15238