

TRAS MEMBERSHIP APPLICATION

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:

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