



156 West 56th Street, New York, NY 10019

For questions regarding membership, please call **1.855.5MY.NYRR (1.855.569.6977)**.

NYRR Membership Application

NYRR Membership # New Renewal

Last Name		First Name		
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Address		City	State	ZIP Code	Country
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Home Phone #	Work Phone #	Email		
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Date of Birth (mm/dd/yyyy) ____/____/____	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary	Occupation	Team	
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Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed		Education (check highest level completed) <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School		
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Annual Membership
 Individual (\$60) Family** (\$100) Junior (\$Free) Senior (\$40) Armed Services* (\$40) Collegiate* (\$40) NYRR Youth Program Leads and Assistants* (\$40)

Member Plus
 Individual (\$120) Family** (\$180)

Philanthropic Membership
 Miller (\$1,000) 5K (\$5,000) 10K (\$10,000)

For full details on all NYRR membership options and benefits, please visit www.nyrr.org/membership.

<input type="checkbox"/> Check (make payable to NYRR)	Credit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	Total \$ _____
	Credit Card Number _____	Exp. Date _____
	Signature _____	

For family membership, enter additional family members below**

NYRR Membership #

Last Name		First Name		
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Date of Birth (mm/dd/yyyy) ____/____/____	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary	Occupation	Relation to Primary Member	
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NYRR Membership #

Last Name		First Name		
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Date of Birth (mm/dd/yyyy) ____/____/____	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary	Occupation	Relation to Primary Member	
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NYRR Membership #

Last Name		First Name		
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Date of Birth (mm/dd/yyyy) ____/____/____	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary	Occupation	Relation to Primary Member	
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*To qualify for our specialty membership types and race discounts, please note that your application will not be accepted without proper documentation. For more information on qualifications, please visit www.nyrr.org/membership. If we do not receive your official documentation within 15 days of your membership registration, your membership will be transferred to an individual membership (\$60) and your card will be charged an additional \$20.

**Open to up to four immediate family members (up to two adults and up to two minors) residing at the same address. Each member will receive a unique member number and will be entitled to all benefits. The household will receive one copy of each mailing, sent to the adult who initiates the purchase of the family membership.