



LITTLE FALLS ATHLETIC CLUB MEMBERSHIP

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(Your email address is used in order for us to notify you of meetings and other club information.)

Have you taken the carding class? Yes No

Are you interested in coaching?
(carding class required) Yes No

If yes, what sport(s)? _____

NOTE: Yearly Membership fee is \$10.00. Please send this form with your \$10 (Cash or Check only) to the below address.

Remit to: Little Falls Athletic Club
P.O. Box 149
Little Falls, New Jersey 07424