



Membership Form 2017

January 1, 2017 to December 31, 2017

PLEASE COMPLETE IN CLEAR BLOCK CAPITALS

Last Name _____

First Name _____

Phone: (c) _____ (h) _____

Date of Birth (mm/dd/yy): _____

E-mail: _____

A couple of volunteer hours at one of the CITA events during the course of the year are welcomed and encouraged. It helps your Association provide safe, fun events for all participants.

Any comments / suggestions on how the Triathlon Association can serve its membership better?

www.triathlon.ky

Email: cita@triathlon.ky

*Please send completed form and CI\$15,
payable to CITA, to PO Box 4251GT, KY1-1105*