



Membership Form 2018

January 1, 2018 to December 31, 2018

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 2451GT, KY1-1105*