

ARRMS

Membership Registration

- ARRMS one year (\$50)
- ARRMS-AMAA combined one year (\$95)

Name _____ Specialty _____
Address _____ E-Mail _____
City _____ State _____ Zip _____
Day Phone _____ Fax _____

Are you affiliated with a race/event? yes no

If yes, please specify: _____

If you are interested in participating in an **ARRMS committee**, please select the committee(s) below and we will send you follow-up material regarding activities and contact information for the committee chair.

- Best Practices
- By-laws
- Education
- Membership
- Public Relations
- Research/Outcomes

Check Enclosed (payable to ARRMS) -OR- Charge to: Mastercard Visa Discover

Card Number _____ Exp. Date _____ Signature _____

Return to: **ARRMS, c/o AMAA, 4405 East-West Highway, Suite 405, Bethesda, MD 20814**
Phone: 800-776-2732 w Fax: 301-913-9520 w arrms@americanrunning.org
www.amaasportsmed.org/arrms.htm