



# MEMBERSHIP APPLICATION

*January 1 – December 31*

\*Membership includes one state chapter membership. Please add \$10.00 for each additional state chapter you would like to join.

## SEND APPLICATION TO:

### ***THE TRAIL OF TEARS ASSOCIATION***

1100 N. University, Ste 143

Little Rock, AR 72207-6344

## ANNUAL MEMBERSHIP LEVELS (check one):

Student \_\_\_\_\_ \$ 10

Regular \_\_\_\_\_ \$ 25 - \$99

Sponsor \_\_\_\_\_ \$100 - \$499

## ONE-TIME GIFT:

Additional Gift \_\_\_\_\_

Patron \_\_\_\_\_ \$ 500 - \$ 999

Benefactor \_\_\_\_\_ \$1000+

Payments are tax deductible under section 501(c)(3) of the Internal Revenue code.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

State Chapter(s): \_\_\_\_\_