

St. Croix Bike and Pedestrian Trails Coalition Membership Form

Printed Name: _____

Address: _____
Street

City State Zip

Home Phone: _____ Work Phone: _____

Email Address(es): _____
Required to receive coalition updates

Signature: _____

Date: _____

Mail membership form to 1230 Oakwood Lane, Hudson, WI 54016 OR
Email membership form to scbptc@gmail.com

Receipt will be emailed to you.



FOR COALITION USE ONLY

Date of Receipt of Membership Form: _____

Printed Name and Initials of Receiver

Date of Eligibility to vote _____

Date Receipt Sent _____