PLEASE GIVE THIS APPLICATION TO FRIENDS AND ACQUAINTANCES WHO MIGHT HAVE AN INTEREST IN BECOMING A MEMBER

WTA Membership Application

Applicants must be at least 18 years old. Dues are \$12 per member; couples with the same address pay \$22 for one set of mailings or \$24 for two sets of mailings. Membership ends December 31 of each year. New applicants joining between October 1 and December 31 will get the last quarter free and have their dues applied to the following year. Make checks or money orders payable to Westchester Trails Association and send with this form to the address below.

Please print the following information:

Name(s):			
Mailing Address:			
City:	_ State:	Zip:	
Primary Phone: (e-mail:			-
How did you hear about WTA?			
List membership in other hiking or conservation of	organizations:		
Check the areas that interest you:			
Hike leadingTrail maintenanMembershipPlanning or helping wOther (please describe)Planning or helping w	ce rith WTA socia	Clerical work al/weekend events	
If you would prefer to receive your schedules via e-mail instead of regular mail, please check here:			
If you do not wish to have your address, telephone please specify here:			s
Signature of Applicant(s)		Date:	
		Date:	
Send application to: Westchester Trails Association P.O. Box 736	on		

White Plains, New York 10602