## WTA Membership/Renewal Application

Applicants must be at least 18 years old. Dues are \$12 per member; couples at 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.

<u>If paying by check</u> please complete this application, make your check or money order payable to Westchester Trails Association, and mail your check and a copy of the application to: Westchester Trails Association, P.O. Box 736, White Plains, New York 10602.

<u>If paying by PayPal</u> please complete this application, save it to your computer, and email it to Catharine Raffaele at <u>raffaele.catharine@yahoo.com</u>.

## **Application Information:**

New members: please comple address, contact information ar				e provide y	our name
This is a New Member Applica	ation $\square$	Renewal			
Name(s):					
Mailing Address (City, State, Z	Zip):				
Primary Phone Number:					
E-mail Address:					
Method of Payment: Check or	Money Order □	PayPal □			
How did you hear about WTA	?				
List membership in other hikin	g or conservation	n organizations:			
Tell us of areas that interest yo	ou:				
Hike leading: □ Membership: □ Other (please describe):	Trail maintenar		Clerical work:□ social/weekend eve	ents: 🗆	
How do you prefer to receive y	our schedules: R	egular mail: 🗆	E-mail: □		
If you do not wish to have you please specify here:	our address, tele	phone number a	nd/or e-mail listed	in WTA p	ublication
Date:					