



MEMBERSHIP APPLICATION

Membership categories: _____ \$5 Student
(choose one) _____ \$15 Individual
_____ \$20 Family
_____ \$30 Affiliate organization
_____ \$50 Corporate/Business

Additional donation: \$ _____ *Thank you!*
Total enclosed: \$ _____ *Tax deductible contribution*

Name _____

Business Name: _____

Address: _____

City _____ State _____ Zip _____ Phone: _____

Email: _____ @ _____

This information is for Highlands Trail Foundation use only and will not be shared.

Please make checks payable to **Highlands Trail Foundation**.

Thank you,

Highlands Trail Foundation
PO Box 196
Parsons, WV 26287

I agree to join the Highlands Trail Foundation:

Signed: _____ Date _____

Memberships are based on the calendar year. If joining or renewing after June 30 your membership is extended to the end of the next calendar year.



www.highlandstrailwv.org