



JOIN THE FINGER LAKES TRAIL CONFERENCE



Name(s) _____

Address _____

City, State, Zip _____ County _____

Phone _____ Email _____

Hiking club affiliations (if any) _____

We have membership levels to suit everyone's needs. Please check one of the levels shown below.

NOTE: If this membership is a gift, please give the recipient's name and address above.

<input type="checkbox"/> Individual.....\$30	Contributing member levels:
<input type="checkbox"/> Family (incl. children under 18).....\$40	<input type="checkbox"/> Pathfinder.....\$50
<input type="checkbox"/> Full-time Student.....\$15 (please give the permanent address above)	<input type="checkbox"/> Trailblazer.....\$75
<input type="checkbox"/> Youth group (e.g. Scouts).....\$15	<input type="checkbox"/> Guide.....\$100
<input type="checkbox"/> Adult group (e.g. hiking club).....\$50	Life memberships:
<input type="checkbox"/> Business/Commercial.....\$100 (includes a listing on the FLTC website)	<input type="checkbox"/> Life member (individual).....\$400
<input type="checkbox"/> Trail Steward/Adopter (Renew only) <input type="checkbox"/> Individual \$15 <input type="checkbox"/> Family \$20	<input type="checkbox"/> Life member (family).....\$600
Club/Organization _____	
Your section Map #, From, To _____	

Memberships run from April 1 to March 31. If you join between January 1 and March 31, your membership will run through March 31 of the following year.

We would greatly appreciate any extra donation you would like to make:

\$_____ Unrestricted—used for general operations

\$_____ Sidote Stewardship Fund—used for trail protection projects

\$_____ Endowment Fund—earnings only are used for general operations

\$_____ Lean-to Fund—used for new and replacement lean-tos

Total enclosed:

\$_____ Check # _____ (payable to “Finger Lakes Trail Conference” please)

If you prefer to pay with a Visa or MasterCard, please fill in this information:

Credit card number _____ - _____ - _____ Expiration: ____ / ____

Name on card _____ Signature _____

Billing address for the credit card, if different from the address given above:

Address _____

City, State, Zip _____

Please mail this form to:

Finger Lakes Trail Conference
6111 Visitor Center Road • Mt. Morris, NY 14510

Thank you!