



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	<i>Contributing member levels:</i>
<input type="checkbox"/> Family (incl. children under 18) ... \$40	<input type="checkbox"/> Pathfinder \$50
<input type="checkbox"/> Full-time Student (please give the permanent address above) \$15	<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	<input type="checkbox"/> Life member (individual) \$400
<input type="checkbox"/> Business/Commercial (includes a listing on the FLTC website) \$100	<input type="checkbox"/> Life member (family) \$600

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

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!