



MEMBERSHIP APPLICATION

Please Print. All levels include email notification of monthly meetings and meeting minutes.

Personal Info:

FIRST NAME

LAST NAME

STREET ADDRESS

STREET ADDRESS LINE 2

CITY

STATE

ZIP

Contact Info:

EMAIL

PHONE

Select One:

- | | |
|---|---|
| <input type="checkbox"/> Senior (60+) \$10 | <input type="checkbox"/> Trail Builder \$250 |
| <input type="checkbox"/> Individual \$20 | <input type="checkbox"/> Trailblazer \$1,000 |
| <input type="checkbox"/> Trail Advocate \$50 | |

Payment:

- | | | |
|-------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Debit/Credit | <input type="checkbox"/> Check |
|-------------------------------|---------------------------------------|--------------------------------|

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***Thank You for Your Support
& Welcome to the PTA Family!***