

MEMBERSHIP APPLICATION

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

___ \$15/yr individual

___ \$25/yr family

___ \$250 lifetime membership

___ Donation \$___ (Please designate below)

___ Memorial for _____

___ Trail Maintenance

___ Food for Volunteers working on

Trail projects

___ General (undesignated)

I am able to volunteer and/or am interested in:

___ Trail Work

___ Clerical Work

___ Being on the Board

___ Adopt-A-Trail

___ Food Captain for work parties

Return to: PTC (501c3 corp), PO Box 1836, Port Angeles, WA 98362