



Membership Application

Individual or Organization Name: _____

Address: _____

Phone: _____ Email: _____

How do you enjoy the trails? Hiking ↑ Biking ↑ Equestrian ↑

Annual Membership Fee: \$30.00 Individual/Family/Organization/Business (Please circle one)

Additional Donation: _____ Today's Date: _____ Total Amount Enclosed: _____

Please make checks payable to YTA. Thank you for support!

If you are interested in becoming actively involved in YTA, please contact us at yavapai.trails@gmail.com

**Please mail to:
Yavapai Trails Association
PO Box 403
Prescott AZ 86302**

