

MEMBERSHIP APPLICATION

Individual or Organization Name (s) _____

Street address _____ City _____ State __ Zip _____

Phone: Home _____ Work _____ Cell _____ E-mail _____

What related organizations do you belong to? _____

How do you use trails (horseback, hike, bike)? _____

Do you have time or skills to contribute? ____ How? _____ Want to volunteer ____

If you did not receive this newsletter in the mail, where did you pick up this copy?

Retail store _____ Public facility _____ Friend ____ Organization _____

Annual membership fee: \$15.00 for individual/family; \$30 Organization/Business

Date _____ Membership Fee Amt. _____ Make checks payable to: **YTA**

If you would like membership in the YTA Historic Trails Committee, please check box

Please clip out this coupon and sent to:

Yavapai Trails Association, P.O. Box 403, Prescott, AZ 86302