



Membership Form

- Yes!** I want to support Trails so sign me up as a Member.

Name: _____

Address: _____

City/Town: _____

Province: _____

Post Code: _____

Phone: _____

Fax: _____

E-Mail: _____

Individual Member ___yr X \$25 \$ _____

Organization ___ yr x \$50 \$ _____

Donation (RECEIPTS ISSUED) \$ _____

TOTAL ENCLOSED \$ _____

make cheque payable to: Alberta TrailNet Society

- Yes!** I want to volunteer with Alberta TrailNet or the Trans Canada Trail.

My skills include:

Signed _____

Dated _____

Mail to:

Alberta TrailNet
11759 Groat Road
Edmonton, AB. T5M 3K6