

Membership Application

One Year Membership

New _____ **Renew** _____

Date: _____

____ Student (under 18) \$10
____ Individual \$15
____ Family \$25
____ Lifetime \$500

Optional Donation in addition to membership: _____

Tax Deductible Total Enclosed:

Please print clearly

MTA does not share personal information with third parties

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

To receive newsletters and MTA event information

Email: _____

Phone: _____

____ I am interested in volunteer opportunities

Make check payable to McDowell Trails Association

Mail to:

McDowell Trails Association

PO Box 1325

Marion, NC 28752

MTA.Member.info@gmail.com

Thank you for your support!